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CANTON PUBLIC LIBRARY
CANTON, MASSACHUSETTS

WORLD WAR RECORDS

CANTON, MASSACHUSETTS

1917-1918

VOLUME II — K - Z

ROLL OF HONOR

VOLUME I

Sergeant Edward J. Beatty
Private Patrick J. Cronin
Corporal Ettore Delvecchio
First Lieutenant Allan W. Douglass
Regimental Supply Sergeant Josiah Fuller
Private Pietro Gallo
Wagoner Albert H. Gavigan
Corporal Leo V. Gray
Nurse Helen Homans
Private George H. Horton

VOLUME II

Corporal William P. Monahan
Private George St. George
Private John G. Shaw
Sergeant Arthur W. Thomas

RETURNED FROM THE WORLD WAR

VOLUME I

Private Kaney T. Adamchuk
Cook Joseph Burgess Amado, Jr.
Private Zigmas Antanewisus
Private Frederick A. Arthur
Sapper Harry B. Baldwin
Wagoner David A. Barnie
Nurse Ruth Bennett
Private Louis H. Blanc
Sergeant Wilmot J. Bowerman
Private Robert N. Bowley
Private Ralph B. Bowmar
Sergeant Ralph E. Briggs
Private Louis Brightman
Corporal Leo V. Briody
Private George F. Broderick
Private John J. Brown
Nurse Marion N. Brown
Radio Electrician Roy G. Brown
First Lieutenant Lucas I. Bruns
Private Albert W. Bryan, Jr.
Private Horace A. Buckler
Machinist's Mate Timothy S. Buckley
Ensign Phillip V. Burt
Major Samuel Cabot
Engineman William J. Calhoun
Yeowoman Florence R. Capen
First Lieutenant George P. Capen
Private Howard B. Capen
Boatswain's Mate Oscar D. Capen, Jr.
Seaman Amielo Caridu
Private John T. Carney
Private Gerald A. Carr
Sergeant John L. Carroll
Private Joseph F. Carroll
Nurse Helen K. Chadwick
Ensign Henry C. Clayton
Captain Lawrence L. Clayton
Private Bernard L. Clerkin
Private Edward F. Clinton
Private Franklin B. Cobb
Private John Coda
Private Max Cohen
Sergeant William J. Connors
Sergeant Harold A. Corey
Seaman Arthur G. Craig
Private Timothy J. Crean
Private Willis N. Croft
Private Daniel E. Crowd
Private David C. Crowd
Private David Crowley
Seaman John F. Crowley, Jr.
Private John P. Cunningham
Gunner's Mate Joseph F. Cunningham
Quartermaster R. Sinclair W. Curra

Sergeant Edward J. Curran
Private James J. Curran
Private William F. Curtis
Private J. Herbert E. Cushman
First Lieutenant Raymond W. Cushman
Private Robert G. Cushman
Private Thomas W. Daggett
Electrician Emil A. Dahlke
Private William F. Dailey
Private Robert V. Dallahan
Private Augustine P. Daly
Sergeant Clifford W. Daly
Battalion Sergeant Major J. Oliver Daly
Chief Yeoman Joseph J. Daly
Corporal George I. Dana
Private Joseph P. Danahy
Sergeant Thomas P. Danahy
Private Walter Dardano
Sergeant Roger B. Davenport
Nurse Glenna Debison
Seaman Amaden DeCarvallio
Private Fiorenzo Delvecchio
Private Joseph Dimars
Cook Loreto Dimascio
Quartermaster Wilfred E. Dings
Quartermaster James A. Dockray
Corporal Stanley H. Dodge
Private Patrick J. Donahue
Seaman George A. Doody
Sergeant James Doody
Ensign James V. Duffin
First Lieutenant Donald N. Dunbar
Sergeant John J. Dunn
Private Charles L. Dykeman
Nurse Gertrude V. Eastman
Private John E. Ellery
Wagoner Charles K. Endicott
Mechanic Arthur E. Estey
Wagoner Richard Farrow
Second Lieutenant D. Fraser Farwell
Corporal Joseph Fecteau
Private Stewart D. Fee
Second Lieutenant Jesse K. Fenno
Army Field Clerk John F. Finn
Private Leo F. Flanagan
Corporal Daniel J. Flood
Sergeant Major William H. Flood
Ordnance Sergeant Kenneth H. Foskett
Nurse Dorothy Fox
Machinist's Mate William E. Fox
Private Louis Freedman
Private Eliot C. French
Sergeant William C. French
Corporal Leo J. Galligan
Yeoman Thomas J. Galligan
Private Harold L. Garland
Seaman Joseph E. Garland
Corporal James Garzara
Sergeant Francis J. Gavagan
Private Joseph P. Gee
Private Frank Goncalves
Private Philip Gorman

Private William W. Goss
Private Thomas Grafton, Jr.
Sergeant Edmund A. Gray
Private J. Henry Gray
Wagoner Herbert H. Guild
Gunner's Mate James W. Hagan
Private Leon T. Haley
Private George W. Harrington
Private Joseph F. Harrington
Corporal William J. Haverty
Sergeant George V. Healy
Corporal Gerald J. Healy
Boatswain's Mate John F. Healy
Storekeeper Walter L. Heinemann
First Lieutenant Lawrence Hemenway
Private Alfred Hemmingsen
Private Edwin J. Hill
Private Francis T. Hill
Captain William P. Homans
Private Thomas J. Hopkins
Private Thomas Horgan, Jr.
Chief Quartermaster Louis E. Howard
Private Alfred E. Hughes
Private John C. Hughes
Private Thomas L. Hughes
Private George H. Hunt
Second Lieutenant Frederick A. Jenks
Sergeant Angelo C. Johnson
Chief Carpenter's Mate Walter H. Johnson
Private John J. Joyce

VOLUME II

Seaman Morris Kabakow
Seaman Charles Karsupski
Private Henry J. Karsupski
Private Frank Kehoe
Private Wilder E. Kelle
Private Cornelius E. Kelleher
Private Cornelius J. Kelleher
First Lieutenant Lysander S. Kemp
Wagoner Frank L. Kendall
Corporal Frank M. Kenefic
Seaman Thomas A. Kennally
Sergeant William C. Kennally
Second Engineman Edward P. Kenney
Corporal Charles H. Kinne
Private John F. Lake
Nurse Glorinah Lebens
Private James N. Lechas
Corporal Daniel F. Lehan
Private Florence Lehan
Seaman T. Joseph Lehan
Private Maurice Lemkin
Nurse Alotta M. Lentell
Private Benjamin R. Lentell
Private Prescott W. Lentell
Private Cyril S. Lewis
Private David H. Linder
Cadet John F. Linder, Jr.
Private Melvin R. Logan

Private Russell W. Lowry
Captain Dean S. Luce
Private Edward Lukaszewicz
Major Henry Lyman
Private Edward J. Lynch
Sergeant Joseph H. Lyons
Gunner James E. McAloney
Private Patrick R. McCabe
Corporal Patrick J. McCormick
Private Francis L. McDermott
Private Henry M. McDermott
Driver Robert S. McDowall
Regimental Sergeant Major Francis X. McEnaney
Private Charles F. McKenna
Captain Peter G. McKenna
Sergeant John W. McLean
Private Francis J. McManus
Private Henry L. McMorrow
Yeoman James L. McMorrow
American Field Service Edward P. McMurtry
Major William E. McPherson
First Sergeant Michael J. McSweeney
First Lieutenant Chaplain Dennis J. Maguire
Drummer Alec K. Marsden
Cook William Marshall
Private Rocco Meninno
Private Harold W. Merriam
Private Harry L. Mittell
Private Francha Mongini
Private Peter Mongini
Private Fred E. Morrison
Private Daniel I. Murphy
Fireman Michael P. Murphy
Electrician Michael J. Murray
Coxswain Thomas H. J. Murray
Wagoner W. Roy Nichols
Sergeant George A. O'Brien
Sergeant John J. O'Brien
Private George W. O'Connell
Private John H. O'Neill
Corporal Stanley J. Oldziesky
Musician Emil T. Olsen
Gunner J. Frederic Olsen
Private Giovanni Paradiso
Private Samuel Perry
Private Guiseppe Perzechino
Captain Reuel A. Pierce
Private Carlo Porcaro
Private Cesare Porcaro
Private Victor Pozzo
Second Lieutenant Alvin W. Quennell
Private Patrick Quinn
Private Pasquale Rastelli
Sergeant Allen J. Reardon
Sergeant Florence C. Reardon
Sergeant James F. Reardon
Private Howard F. Richards
Seaman Louis Richards
First Lieutenant John Richardson
Private George Robertson
Corporal Dona R. Robie
Cook Norman L. Robinson

Private Edward J. Rockett
Corporal James E. Rogers
Seaman Stanislaw Romanowski
Corporal Samuel Rosenblatt
Sergeant William C. Russell
Sergeant Francis A. Ryan
Seaman Philip E. Sadler
Private Charles St. George
Chief Yoeman Malcolm A. Sanford
Sergeant Ernest Seaman
Private Nochem Semer
Sergeant Russell W. Shaw
Sergeant John F. Shea
Private David W. Sheehan
Private William S. Shorter
Private Clayton C. Sidelinger
Corporal William Simons
Private Charles W. Simpson
Private James L. Skehan
Battalion Sergeant Major John M. Skehan
Chief Yoeman Clarence L. Southworth
Regimental Sergeant Major Karl Standish
Sergeant Everett G. Stevens
Sergeant Charles F. Stewart
Private Ira L. Stoddard
Sergeant James Stott
Private Harold E. Strickland
Seaman Larra T. Sumner
Seaman Edward Swardlick
Chief Yoeman Calvert J. Sweet
Private W. Ellery Sweet
Private Joseph Swiskne
Captain Sherwood H. Taber
Private Arthur J. Taylor
Major William N. Tenney
Wagoner George E. Thomas
Electrician Walter F. Titus
Ensign Gilbert Tolman, Jr.
Nurse Villa M. Treffrey
Private Nicholas G. Tsonos
Private John J. Veale
Corporal Thomas F. Walsh
Chief Carpenter's Mate William F. Ward
Corporal George F. Weckbacher
Coxswain James L. Weldon
Musician Norman A. Wells
Private Herbert H. Wenesky
Private Chester T. Wentworth
Water Tender William J. White
Sergeant Thomas E. Whitty
Corporal William L. Whitty
Sergeant James R. Wild
Shipfitter Edward A. Williams
Torpedo Gunner Lester S. Wilson
Lieutenant Harold L. Winslow
Ensign Leonard P. Wolfe
Carpenter's Mate David Wood
Private Battisla Zanazzo

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Morris Kabakow
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Morris Kabakow
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 February 1894
DAY MONTH YEAR

Place of Birth Igumen Russia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Lewis, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 127 Myrtle, Boston, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 20, 1918. Boston, Mass.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 28, '18 Newport, R.I.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
5th. Regt. 4th. Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Printer 1/c.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Naval War College, Newport, R.I.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Printer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Jacob Lavonkin, Brooklyn, N Y

P. Goldberg, Chelsea, N Y

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Karampelas

COMPLETE NAME! NO INITIALS. PLEASE WRITE PLAINLY

Name

AS APPEARS ON THE SERVICE ROLL

Date of Birth

DAY MONTH YEAR

Place of Birth

CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Revere St. Canton Mass

STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 134 Mechanic St. Canton Mass

STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John S. Karampalis - Canton - Mass.

Name of Mother and Place of Residence.....Antonia Karampalis .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Henry John Karsupski
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Henry John Karsupski
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 September 1905
DAY MONTH YEAR

Place of Birth Warsaw, Poland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 134 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 22 Brock, Stoughton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, May 28, 1918.

Date and Place Where Mustered In or Reported for Duty June 10, '18 Camp Upton, N.Y.

Give Government Identification Tag Number 3194067

Co., Regt., Ship, or Service, First Assigned to and Date
154th. Depot Brigade.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
E Co. 302 Inf. F. Co. 307th. Inf.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Aquitania, July 5, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Apr. 28, 1919. Louisville

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas May 7, 1919.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Bordeaux, Pollie, Liftre, Camp Jeancitia

Participated in What Battles and Dates of Same

Meuse Argonne, Sept-Nov. 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 10, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Fireman.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Sadie Mary Quien.

Date and Place of Marriage to Wife (or Wives) Stoughton, Mass. Dec. 25, 19

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence John Karsupski, Canton, Mass

Name of Mother and Place of Residence Antonia " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....142 lbs.....

Your Height in Feet and Inches.....5' 4 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frank Kehoe
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Frank Kehoe
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 November 1890
DAY MONTH YEAR

Place of Birth New Ross, Co. Wexford, Ireland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 88 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 88 Mechanic, " "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, May 31, 1918.

Date and Place Where Mustered In or Reported for Duty Ft. Slocum, N.Y. May 31, '18

Give Government Identification Tag Number 387004

Co., Regt., Ship, or Service, First Assigned to and Date
6th Batt. Trench Mortar Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
29th Div. 112th Heavy Field Artillery

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 22, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas Aug 3, 1918

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Orazaba, May 11, 1919

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas May 22 1919

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas

Vannes, Raincourt

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 3, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber worker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Morris Kehoe, Ireland

Name of Mother and Place of Residence.....Ellen.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Brother.....

And if so, Give Full Name and Address of Either or Both .....

.....James Kehoe, San Francisco, Cal.

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....171 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Wilder Esdale Kelle
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Wilder Esdale Kelle
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 September 1894
DAY MONTH YEAR

Place of Birth Dorchester, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 133 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 133 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, June 4, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Framingham, Aug 28, '17

Give Government Identification Tag Number 3794

Co., Regt., Ship, or Service, First Assigned to and Date
101st Field Hospital

Other Regiments, Ships or Branches of Services, Transferred to and Dates
102d Inf. Band. Dec. 10, 1918.

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service South Framingham, and Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada H. R. Mallory, Sept 6, '17.

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 20, '17

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Agamemnon, Mar. 30, '19

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Apr. 7, '19

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Toul Sector, Chatteau Thierry, St Mihiel, Verdun

Participated in What Battles and Dates of Same 2nd Marne, July 1918. St Mihiel, Sept 1918. Chemin Des Dames, Feb.-Mar. 1918. Meuse Argonne, Oct.-Nov. 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 29, 1919.

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerical

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).Beatrice Boyden

Date and Place of Marriage to Wife (or Wives)...Canton, Jan 16, 1916.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.Frank H. Kelle, W. Stoughton

Name of Mother and Place of Residence...Martha E. " .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....132 lbs

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Charles Maher, Roxbury, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Cornelius Edward Kelleher
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cornelius Edward Kelleher
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 August 1894
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 127 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 127 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 4, 1918

Date and Place Where Mustered In or Reported for Duty Oct 5, '19 Camp Devens, Mass.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co. K 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. C. 307 Reg. Engineers.
Base Hospital, Camp Gordon, Ga.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.
Camp Gordon, Ga

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 22, 1919.....

Where Discharged from Service .....Camp Gordon, Ga.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Book-keeper.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....James Kelleher (Deceased)

Name of Mother and Place of Residence.....Julia " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Yes

And if so, Give Full Name and Address of Either or Both .....

Thomas Kelleher, Canton, Mass

Anna " " "

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....113 1/2 lbs.

Your Height in Feet and Inches.....5' 6 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Frank Bergen, Rochester, N.Y.

Joseph Marinico, Hazelton, Pa.

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Cornelius Joseph Kelleher
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cornelius Joseph Kelleher
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 March 1897
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 226 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 226 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 3, 1918

Date and Place Where Mustered In or Reported for Duty Camp Devens, Sept 3, '18

Give Government Identification Tag Number 1282121

Co., Regt., Ship, or Service, First Assigned to and Date 19th Co. 5th Batt. 151st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
33rd Coast Artillery

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Eustis, Va
Fort Andrews, Boston Harbor

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 23, 1918.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Neponset Woolen Mills

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence..Daniel Kelleher, Canton

Name of Mother and Place of Residence.....Catherine.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....139 lbs

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lysander Schaffer Kemp
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name 1st Lieut. Lysander S. Kemp, M.C.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 June 1889
DAY MONTH YEAR

Place of Birth Cambridge Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Randolph, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Randolph, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Mass. Apr. 11, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 8, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Medical Corps, Orthopedic Surgery.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
"Laomedon" May 12-July 31, '18. Port Emb. N.Y. Aug. '18. A.E.F. Nov. 11, '18 to Apr. 22, '19.

Rank While in Service Lieut.

If Commissioned Officer Give Date of Commission April 11, 1918.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hoboken, N.J.
New York. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Ascanessa, Nov. 11, '18.

Port Sailed From for Overseas New York

Date of Arrival Overseas Nov 25, '18.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Susquehanna, Apr. 22, '19

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas May 4, 1919

Place of Arrival in United States Newport News

Important Places Where Stationed Overseas

Base Hospital #114 Beau Desert

Bordeaux, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital. During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug 28, 1919

Where Discharged from Service Staten Island, N.Y.

For What Reason Discharged from Service Demobilized

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service ..... Physician

Married or Single ..... Married

If Ever Married, Maiden Name of Wife (or Wives) ... Dorothy Schontag

Date and Place of Marriage to Wife (or Wives) Dec. 12, '17 Wellesley, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You ..... No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Edwin E. Kemp Winchester, Mass.

Name of Mother and Place of Residence Helena R. " " "

Are You Without the Foregoing Relatives in This Country ..... No.

If So, Have You a Brother or Sister Here .....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy ..... Yes

Give Number of Policy 3113380

What Was Your Weight When Entering the Service ..... (2) 5' 7 1/4"

Your Height in Feet and Inches ..... (1) 140 lbs.

Your Complexion—White or Colored ..... White

Color of Your Eyes ..... Blue

Color of Your Hair ..... Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Russel C. A. Gilmore, Michigan City, Ind.

Henry B. Homas, Chicago, Ill.

Andrew R. MacAusland, Boston, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frank Lester Kendall
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Kendall, Frank Lester
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 March 1895
DAY MONTH YEAR

Place of Birth Milton Nova Scotia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2253 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 234 C Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 22, '17 South Armory, Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, '17 Boston, Mass.

Give Government Identification Tag Number 3551

Co., Regt., Ship, or Service, First Assigned to and Date
2nd Ambulance Co., 26th Division

Other Regiments, Ships or Branches of Services, Transferred to and Dates
103 Ambulance Corps, 101st Sanitary Train, 26th Division

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas: Yes American

If so, Date and Ship from the United States or Canada: Canada Sept 16, '17.

Port Sailed From for Overseas: Montreal

Date of Arrival Overseas: Oct 2, 1917.

Port of Arrival Overseas: Liverpool

Date and Ship Sailed Returning Home: Winifredian Apr. 6, '19

Port Sailed from Returning Home: Brest

Date of Arrival from Overseas: Apr. 19, '19.

Place of Arrival in United States: Commonwealth Pier, Boston.

Important Places Where Stationed Overseas: Neufchateau, Soissons, Toul, Chateau Thierry, Les Epargues, Verdun, Montigny, Sur Seine, Brest.

Participated in What Battles and Dates of Same: Aisne-Soissons, Feb. Mar. '18 Toul Apr. June 1918. Chateau Thierry July '18 Marne July '18 St Mihiel, Sept 1918, Meuse-Argonne Oct-Nov 1918

Wounded or Other Injuries Received in Action, Place and Date: Gassed on Toul Sector May 10, 1918.

If Confined in Hospital, During What Time and Place:

If Prisoner by Enemy, Date and Place of Capture:

Places Confined:

Date and Place Released:

Give Record of Service in Army or Navy before the German War if Any:

When Discharged from Service: April 29, 1919

Where Discharged from Service: Camp Devens, Mass

For What Reason Discharged from Service: Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Grocery Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Herbert E. Kendall, Canton, Mass

Name of Mother and Place of Residence.....Sadie J. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....2137850.....

What Was Your Weight When Entering the Service .....149½ lbs.....

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Richard Barrow, Canton, Mass

Roy Nichols " "

Herbert Guild " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Frank Michael Kenefic
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Frank Michael Kenefic
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 September 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 102 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 102 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug 1, 1917 Ft Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ft Slocum, Aug 1, '17

Give Government Identification Tag Number 27324

Co., Regt., Ship, or Service, First Assigned to and Date
25th Recruiting Barracks

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Signal Corps, Aviation 66 Squadron, Texas 478th Aero Squadron

Rank While in Service Private, Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada H. R. Mallory Jan 18, '18

Port Sailed From for Overseas Newport News Va

Date of Arrival Overseas Feb 5, 1918.

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Orca Nov 22, 1918.

Port Sailed from Returning Home Liverpool

Date of Arrival from Overseas Dec 4, 1918

Place of Arrival in United States New York

Important Places Where Stationed Overseas Brest, La Havre, Winchester, Stockbridge, Eng.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital. During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Dec 15, 1918.

Where Discharged from Service Camp Mills, L. Is.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John Kenefic, Canton, Mass.

Name of Mother and Place of Residence.....Catherine " " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles M. Wrenn, Waterbury, Conn.

Charles Murphy, Providence, R. I.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas A. Kennally
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas A. Kennally
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 December 1895
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1859 E. 86th Cleveland, Ohio
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 1753 Broadway, N.Y. City
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Jan. 14, '18 Cleveland, Ohio

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Mar. 8, '18 Newport, R.I.

Give Government Identification Tag Number

Co., Regt., Ship, or Service. First Assigned to and Date Mar. 8 - U.S. Training Station, Newport, R.I., 8 Reg. 11 Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Gunners' Mate School

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service U.S. Naval Training Station, Newport, R.I.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Nov. 8, 1919....

Where Discharged from Service ....Newport, R.I.....

For What Reason Discharged from Service....Request, S.O.S.N....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Thomas Kennally, Canton, Mass

Name of Mother and Place of Residence.....Bridget.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs.....

Your Height in Feet and Inches.....5' 11½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Jas. J. Daly, 17 W 42d St. New York City

Ed. T. Smith 12543 Euclid Ave. Cleveland O.

Charles Heckel Kaplan Ave Jamaica, N.Y.

Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deeeased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deeeased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Clifford Kennally
COMPLETE NAME. NO INITIALS PLEASE WRITE PLAINLY

Name Kennally, William Clifford
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 March 1891
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2521 Auburn, Cincinnati, Ohio
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 41 Chapel, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 22, 1917 Cincinnati, Ohio.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 15, '17 Cincinnati

Give Government Identification Tag Number 1166459.

Co., Regt., Ship, or Service, First Assigned to and Date 8th Co. 147th. Ambulance Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates 147th. Ambulance Corps. 112th. Sanitary Train.

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Montgomery, Ala. Camp Stanley, Texas. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada June 26, '18 "Plassy"

Port Sailed From for Overseas Brooklyn, N. Y.

Date of Arrival Overseas July 10, 1918.

Port of Arrival Overseas Glasgow, Scotland

Date and Ship Sailed Returning Home Mar. 15, '19 "Montana"

Port Sailed from Returning Home Brest

Date of Arrival from Overseas March 24, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Baccarat, Verdun, St Mihiel Flanders

Participated in What Battles and Dates of Same Argonne July 31 - Sept 12, '18 St Mihiel Oct 6-14, '18. Ypres Oct 30 - Nov 5, '18 and Nov 9-11, '18.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Baccarat Aug 10-25, '18.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 25, 1919.

Where Discharged from Service Camp Sherman, Ohio

For What Reason Discharged from Service Service expired

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Storage Battery.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas Kennally, Canton, Mass

Name of Mother and Place of Residence.....Bridget " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1336373.....

What Was Your Weight When Entering the Service .....165 lbs.....

Your Height in Feet and Inches.....5' 11½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

H. D. Graessee, 530 E 4th St Newport, Ky.

Chas. E. Jones 402 S. Main Middletown, Ohio

Alphonse Tappe, 13th E. Main Cincinnati, Ohio

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Patrick Kenney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Patrick Kenney
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 (DAY) May (MONTH) 1885 (YEAR)

Place of Birth Little Falls (CITY OR TOWN) N. Y. (STATE OR COUNTRY)

Place of Residence When Entering the Service 46 Centre, Canton, Mass (STREET AND NUMBER, CITY OR TOWN, STATE)

Place of Residence at Present Time 46 Centre, Canton, Mass. (STREET AND NUMBER, CITY OR TOWN, STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, June 6, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, June 6, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Receiving Ship, Boston

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Engineman 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....June 21, 1919.....

Where Discharged from Service .....Boston.....

For What Reason Discharged from Service.....End of War.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather finisher

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....P. J. Kennedy, 41 Sherman, Little Falls.

Name of Mother and Place of Residence.....Bridget " " " N.J.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....147 1/2 lbs.....

Your Height in Feet and Inches.....5' 7 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John C. Murphy, 35 Beach, Ilion, N.Y.

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Made 14 trips across

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Hibbard Kinne
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles H. Kinne
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 September 1895
DAY MONTH YEAR

Place of Birth Littleton, New Hampshire
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time R.F.D. #2 Littleton, N.H.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 20, '17 Littleton, N.H.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, '17 Berlin, N.H.

Give Government Identification Tag Number 69435

Co., Regt., Ship, or Service, First Assigned to and Date Co. L. 1st N.H. Inf. June 20, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates Co. L. 103rd Inf. Aug. 22, '17 Co. E. 107th Supply Train Apr. 13, '18.

Rank While in Service Private - Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 27, '17 Lapland

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 8, '17

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home May 7, '19 Virginia

Port Sailed from Returning Home Brest

Date of Arrival from Overseas May 20, '19

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas Liffol le Grand, Prauthoy, St Germain, Alsace, Chateau Thierry, Marienrockdorf, Ger.

Participated in What Battles and Dates of Same Alsace May 18-July 21, '18 Aisne-Marne July 29-Aug 7, '18 Oise-Aisne Aug 26-Sept 6, '18 Meuse-Argonne Sept 26-Nov 11, '18

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

March 14-April 19, '18. Louisons

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Auto-mechanic

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Henry V. Kenne, Littleton, N.H.

Name of Mother and Place of Residence.....Emma.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles C. Austin, Manchester, N. H.

Frank Hanna, Abbotsford, Wis.

Stanley Chesly, Coalport, Pa.

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Francis Lake
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Francis Lake
AS APPEARS ON THE SERVICE ROLL

Date of Birth 4 (DAY) June (MONTH) 1890 (YEAR)

Place of Birth Blair (CITY OR TOWN) Md. (STATE OR COUNTRY)

Place of Residence When Entering the Service 32 Highland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 32 Highland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 5, 1917 Camp Devens

Date and Place Where Mustered In or Reported for Duty Oct 8, 1917

Give Government Identification Tag Number 82176

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Troop M. 3rd Cavalry Mar. 8, 1918

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Camp Gordon, Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Martha Washington Feb. 9,

Port Sailed From for Overseas New York

Date of Arrival Overseas Feb. 22, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home June 21, 1920 Finland

Port Sailed from Returning Home Boston July 1, 1920

Date of Arrival from Overseas July 11, 1920

Place of Arrival in United States Boston

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 3, 1920

Where Discharged from Service Camp Devens

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Conductor.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Benj. N. Lake.....

Name of Mother and Place of Residence.....Mary E. Lake.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....141 lbs.....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Harry Ferris, New York City

James Day, Brockton, Mass

Wm. Murphy " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Gloriah Lebens

COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....

AS APPEARS ON THE SERVICE ROLL

Date of Birth.....

DAY MONTH YEAR

Place of Birth.....

CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....

STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....

STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

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Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

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Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service.....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James N. Lechas
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James N. Lechas
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 September 1893
DAY MONTH YEAR

Place of Birth Ag. George Estiana Greece
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Wood Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Capen Pl. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted July 22, 18 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty July 22, 1918.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Co. C. 36 Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Camp Devens, Ayer, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 31, 1918.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....End of War.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Assistant Dyer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Nicholas G. Lechas, Greece

Name of Mother and Place of Residence.....Morpoula.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....115 1/2 lbs.....

Your Height in Feet and Inches.....4' 7 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Angelo G Johnson, Canton, Mass

Nicholas Baptis

Tony Vlopas

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Daniel F. Sehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 152 Bailey St - Canton - Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 30 - 1918

Give Government Identification Tag Number 3193252

Co., Regt., Ship, or Service, First Assigned to and Date 8th Co. 152nd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private - Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton - Yaphank N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Daniel Lehan Canton Mass

Name of Mother and Place of Residence.....Nellie Lehan " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Florence Lehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Florence Lehan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 November 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 152 Bailey, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 152 Bailey, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 27, '18 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty June 28, '18 Camp Dix, N.J.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co. 40 153 Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. A. 312 Engineers, 87th.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Dix, N.J. Camp Morgan, N.J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan. 23, 1919.....

Where Discharged from Service .....Camp Dix, N.J.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Dye Setter.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Katherine Crean

Date and Place of Marriage to Wife (or Wives).....Canton, Apr. 29, 1920.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Daniel Lehan, Canton, Mass.

Name of Mother and Place of Residence.....Nellie " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....~~5' 5½"~~ 133 lbs.

Your Height in Feet and Inches.....5' 5½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name J. Joseph Kehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth .....
DAY MONTH YEAR

Place of Birth .....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 152 Bailey St. Canton Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 4830 G St. Philadelphia Penna.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted .....

Date and Place of Enlistment .....

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty May 28 1918

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date .....

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Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

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Rank While in Service Seaman 2/c

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Daniel Lehan Canton-Mass

Name of Mother and Place of Residence.....Nellie Lehan " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Maurice Lemkin
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Maurice Lemkin
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 November 1895
DAY MONTH YEAR

Place of Birth Vilno Russia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 190 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 190 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass.

Date and Place Where Mustered In or Reported for Duty Sept. 21, '17 Camp Devens

Give Government Identification Tag Number 2309642

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
7th Co. 1st Inf. Trans. Co.
Co. G. 165th Infantry

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer.
Camp Merritt, N.J. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Hoboken, N.J.

Date of Arrival Overseas March 20, 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home April 18, 1919. Leviathan

Port Sailed from Returning Home Brest, France

Date of Arrival from Overseas April 25, 1919.

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Baccarratt,

Luneville, St Agnain.

Participated in What Battles and Dates of Same

Champagne July 14, 1918.

Chatteau Thierry July 26-31, 1918

Wounded or Other Injuries Received in Action, Place and Date Machine gun wound, Chatteau Thierry, July 31, '18

If Confined in Hospital, During What Time and Place Base Hospital #9.

Aug. 2, 1918. Chatteau Rue.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 6, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spreader—Rubber Works

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Sadie Breedman

Date and Place of Marriage to Wife (or Wives).....Nov. 10, 1917 Canton.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....David Lemkin, Vilno, Russia

Name of Mother and Place of Residence.....Mary.....".....".....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Brother.....

And if so, Give Full Name and Address of Either or Both Benjamin Lemkin

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Lewis Freedman, 190 Rockland, Canton

Morris Chaflin, 14 Eliot, "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Alotta May Lentell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 May 1890
DAY MONTH YEAR

Place of Birth Providence, R. I.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Meklanova, Ul. C. 147, Praha-Cz. Slov.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Navy

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Nurse

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport, R. I.
Chelsea

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence George P. Lentell, Canton

Name of Mother and Place of Residence Alotta W. " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Benjamin Russell Lentell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Benjamin Russell Lentell
AS APPEARS ON THE SERVICE ROLL

Date of Birth March 22, 1893
DAY MONTH YEAR

Place of Birth Canton, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass. Feb. 26, 1918.

Date and Place Where Mustered In or Reported for Duty Camp Devens, " "

Give Government Identification Tag Number 1681471

Co., Regt., Ship, or Service, First Assigned to and Date
Headquarters Co. 302 Inf. Mar. 15, 1918.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
520th. Co. D. Engineers
91st. Div 364th. Inf. Co. C. Oct. 28, 1918.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Aquitania, July 5, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918.

Port of Arrival Overseas Liverpool, Eng.

Date and Ship Sailed Returning Home Arizaba, March 25, 1919.

Port Sailed from Returning Home St Nazaire, France

Date of Arrival from Overseas April 2, 1919.

Place of Arrival in United States Hoboken, N.J.

Important Places Where Stationed Overseas Bordeaux, Belgium, Roulers, Deynze, Alsene, Lemans.

Participated in What Battles and Dates of Same

Flanders - Oct 28 - Nov 11.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 30, 1919.

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Plasterer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....George Palmer, Canton, Mass.

Name of Mother and Place of Residence.....Alotta.....".....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....110 lbs.....

Your Height in Feet and Inches.....5' 2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
William Jenkins, Rochester, Mass.
R. L. Johnson, Brownville, N. J.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Prescott Wilmarth Lentell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Prescott W. Lentell
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 (DAY) May (MONTH) 1891 (YEAR)

Place of Birth Providence, (CITY OR TOWN) R. I. (STATE OR COUNTRY)

Place of Residence When Entering the Service York, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Fall River, (STREET AND NUMBER) Mass. (CITY OR TOWN) (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Joriaignes, France Oct. 1, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Soissons, Oct. 1, 1917.

Give Government Identification Tag Number 249047

Co., Regt., Ship, or Service, First Assigned to and Date
203 Water Train, A.E.F. Aug 19, 1918

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes American

If so, Date and Ship from the United States or Canada Rochaneau July 25, '17

Port Sailed From for Overseas New York

Date of Arrival Overseas July 4, 1917

Port of Arrival Overseas Bordeau, France

Date and Ship Sailed Returning Home Roma, May 10, 1919.

Port Sailed from Returning Home Marsailles,

Date of Arrival from Overseas May 27, 1919.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Loissons, St Nazaire, Verdun, Meuse, Aisne,

Participated in What Battles and Dates of Same St Mihiel, Meuse. Aisne Sector (with French)

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 9, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations Certificate from French.

Kind of Occupation Before War Service.....Clothing Business

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....George P. Lentell, Canton.

Name of Mother and Place of Residence.....Alotta C. ".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1977142.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Dark Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George Pond, Genesee, Idaho

Lawrence Mott, Oak Park, Ill.

J. Crawford, Pittsburg, Pa.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Served in American Field Service of French Army for four months before entering A.E.F.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Cyril Stanton Lewis
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cyril Stanton Lewis
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 March 1895
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Indian Lane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Indian Lane, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Nov 28, 1917 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ft. Slocum, N.Y.

Give Government Identification Tag Number 289548

Co., Regt., Ship, or Service, First Assigned to and Date
25th Batt. Ft. Slocum.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
177th Aero Service, Texas. 477 Aero Construction, France. 1101-1st French Replace.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Carmania, Feb. 28, '18.

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Mar. 17, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Rhode Island, Jan 2, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Jan. 1919.

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas England, St Mapient

Columbyle Belle - St Mihiel

Argonne - Meuse

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Jan 29, 1919

Where Discharged from Service Garden City, L. I.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Wilmot A. Lewis, Canton

Name of Mother and Place of Residence.....Elizabeth M. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....133 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David Hunt Linder
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 September 1899
DAY MONTH YEAR

Place of Birth Brookline, Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service York, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Canton, Mass. Oct 14, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 14, 1918

Give Government Identification Tag Number 4914411

Co., Regt., Ship, or Service, First Assigned to and Date Co D Harvard Unit S A T C

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 10, 1918.....

Where Discharged from Service .....Cambridge, Mass.....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

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Name of Father and Place of Residence John F. Linder, Canton, Mass

Name of Mother and Place of Residence Mary L. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Gray

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Eliot C. French, Canton, Mass

A. B. Nichols, Orleans,

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Barlow Linder, Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Barlow Linder, Jr.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 November 1897
DAY MONTH YEAR

Place of Birth Brookline, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time York, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Charlestown, April 20, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Pensacola, Sept 1, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Training School for Mechanics, Naval Aviation, Pensacola.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
O T School, Mass Inst Tech.
Cambridge, Oct 18, 1918.

Rank While in Service Cadet

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Pensacola, Fla.
Cambridge, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Nov. 29, 1918.....

Where Discharged from Service .....Cambridge, Mass.....

For What Reason Discharged from Service..Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....College.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....John F. Linder, Canton, Mass

Name of Mother and Place of Residence.....Mary H. " " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs.....

Your Height in Feet and Inches.....6' 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Melvin Ross Logan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Melvin Ross Logan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 August 1886
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 46 Kenney, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 46 Kenney, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted May 24, 1918 L. B. #7 Boston

Date and Place Where Mustered In or Reported for Duty June 3, '18 Ft. Slocum.

Give Government Identification Tag Number 390795

Co., Regt., Ship, or Service, First Assigned to and Date
6th Rt Co Fort Slocum, N.Y.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Oct. 24, 1918.
Fort Totten, E.N.Y. 1st. Co. C.A.C.

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Fort Totten, East New York

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 11, 1918.....

Where Discharged from Service .....Fort Totten, N.Y.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Sarah A. Walsh

Date and Place of Marriage to Wife (or Wives).....Feb. 27, 1909. Beaver Falls, Pa.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Samuel Logan, Canton, Mass.

Name of Mother and Place of Residence.....Eudora.....(Deceased)

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 2 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Russell Wolcott Lawry
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Russell W. Lawry
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 September 1900
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2378 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2378 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Canton, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 10, 1918

Give Government Identification Tag Number 4913960

Co., Regt., Ship, or Service, First Assigned to and Date
Co. B Harvard Unit S.A.T.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Cambridge, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 10, 1918.....

Where Discharged from Service .....Cambridge, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Martin J. Lowry, Canton, Mass

Name of Mother and Place of Residence.....Rosanna.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....133 lbs.....

Your Height in Feet and Inches.....5' 7 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Clark W. Heath, Buffalo, New York

William P. Schmitz, Irvonia, N.J.

Warren J. Hoose, Cleveland, Ohio

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Dean Sherwood Luce
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Dean Sherwood Luce
AS APPEARS ON THE SERVICE ROLL

Date of Birth 13 (DAY) March (MONTH) 1876 (YEAR)

Place of Birth Holliston, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 294 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Place of Residence at Present Time 294 Sherman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Enlisted or Drafted Enlisted

Date and Place of Enlistment Sept. 12, 1918. Canton, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Sept 22, 18 Camp Greenleaf, Ga

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Medical Dept.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Captain

If Commissioned Officer Give Date of Commission Sept 12, 1918.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Greenleaf Ga.
A. M. S. Wash. D.C. Camp Meade, Md.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....May 2, 1919.....

Where Discharged from Service .....Camp Meade, Md.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Physician

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).....Ethel M. Bense

Date and Place of Marriage to Wife (or Wives)...Feb. 15, '05 Canton, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Barnard Luce (Deceased)

Name of Mother and Place of Residence.Sarah Luce, Vineyard Haven, Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....4150557

What Was Your Weight When Entering the Service .....170 lbs.

Your Height in Feet and Inches.....5' 9¼"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Grey

Color of Your Hair .....Grey

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John B. Haden, Galveston, Texas

S. M. McLaughlin, Mission, Ill

Carl E. Nohe, Baltimore, Md.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Lukaszewicz
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Lukaszewicz
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 (DAY) May (MONTH) 1887 (YEAR)

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 29 Wall, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 13 Samson Ave, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 1, '18 Canton, Mass.

Date and Place Where Mustered In or Reported for Duty June 1, Ft Slocum, N.Y.

Give Government Identification Tag Number 3863998

Co., Regt., Ship, or Service, First Assigned to and Date
2 M.C. Army Replacement Depot.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Camp Jackson,
Batt. B. 2nd Batt. F.C.R.D.
Co. H. 53rd Pioneer Inf. Camp Wadsworth.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Slocum,
Camp Jackson, Camp Wadsworth.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....March 10, 1919.....

Where Discharged from Service .....Camp Wadsworth.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service .....

Married or Single ..... Married .....

If Ever Married, Maiden Name of Wife (or Wives) ..... Franciska .....

Date and Place of Marriage to Wife (or Wives) ..... Russia, Oct 15, 1905 .....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You ..... No. .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any Anthony, 11 years. Russia. Bronislava, 7 years, Russia.

.....

Name of Father and Place of Residence Thadeus Lukaszewicz, Russia

Name of Mother and Place of Residence Amelia " Russia

Are You Without the Foregoing Relatives in This Country ..... Yes .....

If So, Have You a Brother or Sister Here ..... Sister .....

And if so, Give Full Name and Address of Either or Both .....

Palmeira Materlaitis, 392 Atin St. South Boston, Mass.

Have You a War Risk Insurance Policy .....

Give Number of Policy .....

What Was Your Weight When Entering the Service ..... 160 lbs. .....

Your Height in Feet and Inches ..... 5' 6" .....

Your Complexion—White or Colored ..... White .....

Color of Your Eyes ..... Blue .....

Color of Your Hair ..... Brown .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Kazmierz Mikeztowicz, 293 E. 155. N. Y. Bronx

J. Szymazyk 2641 Tylton, Philadelphia, Pa.

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Henry Lyman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Henry Lyman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 November 1878
DAY MONTH YEAR

Place of Birth Brookline, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Elm, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Elm, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug 24, '15 M. R. C.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 7, 1917 Boston

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date May 6, 1917
U. S. A. Base Hospital #5

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1st Lieut. Capt. Major

If Commissioned Officer Give Date of Commission 1st Lieut. M.R.C. Aug 24, '15

If Appointed Officer Give Date of Every Appointment Capt. Aug 11, '17 Maj. Aug. 20

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada May 11, '17 Saxonia

Port Sailed From for Overseas New York

Date of Arrival Overseas May 22, '17

Port of Arrival Overseas Falmouth, Eng.

Date and Ship Sailed Returning Home Apr. 7, '19 Graf Waldersee

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 20, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Damas Camiers

Boulogne-sur-mer

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

5 yrs First Corps Cadets - M. V. M.

When Discharged from Service May 6, 1919

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service General Orders, Wash.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Biological Chemist

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Elizabeth Cabot

Date and Place of Marriage to Wife (or Wives).....Dec. 19, 1908 Boston

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any Cora, 10, Boston
Charles, 8, Brookline Henry, 5, Boston

.....

Name of Father and Place of Residence.....Theodore Lyman (Deceased)

Name of Mother and Place of Residence.....Elizabeth R. " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....Brother

And if so, Give Full Name and Address of Either or Both .....
Theodore Lyman, Heath St, Brookline

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....176 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Joseph Lynch
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Joseph Lynch
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 March 1891
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 60 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 60 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted April 28, 1918 Canton

Date and Place Where Mustered In or Reported for Duty Camp Devens, Apr. 28, 1918

Give Government Identification Tag Number 1692580

Co., Regt., Ship, or Service, First Assigned to and Date
Depot Brigade, 24th Co. 6th Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Aug. 1918
Co. L. 301st Inf. Post Exp. Service

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 5, '18 Cedric

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas July 17, 1918.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Aug 26, '19 Aeolus

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Sept 5, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Toul - Lorraine - Nancy - Conflans - Moselle - Brest Coblenz

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 12, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Post Office.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....John F. Lynch.....

Name of Mother and Place of Residence.....Mary.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Harold Lyons
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Joseph Harold Lyons
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 August 1894
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 531 Chapman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 531 Chapman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Nov. 26, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 1, 1917.

Give Government Identification Tag Number 773965

Co., Regt., Ship, or Service, First Assigned to and Date
Office Workers, Co #1, Quartermaster's Corps.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
2 M.C. Supply Co. 311 Army Service Corps.

Rank While in Service Private - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Jacksonville, Fla.
Newport News, Va. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada June 5, '18 Martha Washing

Port Sailed From for Overseas Newport News

Date of Arrival Overseas June 18, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Mexican May 10, 1919.

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas May 22, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Brest - Bordeaux

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 27, 1919

Where Discharged from Service Mitchell Field, L.I.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Stenographer

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Cath. E. McCauslin, Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....80 85 65

What Was Your Weight When Entering the Service .....126 lbs.

Your Height in Feet and Inches.....5' 6 1/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Dark

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Joseph J. Hulda 200 State St. Boston
Richard Mugford 8 Eliot Ave Readville
.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James E. McAloney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 422 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Unknown
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 1258179

Co., Regt., Ship, or Service, First Assigned to and Date
3rd Canadian Heavy Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Gunner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

In Canton but a short time.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Patrick Roger McCabe
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Patrick R McCabe
AS APPEARS ON THE SERVICE ROLL

Date of Birth 14 April 1895
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 128 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug 26, '16 Portland, Me.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug 26 Ft Slocum, N.Y.

Give Government Identification Tag Number 567472

Co., Regt., Ship, or Service, First Assigned to and Date
Co D 9th U S Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co D 47th Inf.
Co B 16th Machine Gun Bat.

Rank While in Service Corporal - Sergeant - Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas.
New York. Texas. North Carolina.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada May 9, '18 Princess Matoka

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas May 22, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home March 9, '19 Haverford

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Mar. 22, 1919

Place of Arrival in United States Philadelphia

Important Places Where Stationed Overseas Calais, Vincy, Louilly.

Participated in What Battles and Dates of Same Chateau Thierry

Wounded or Other Injuries Received in Action, Place and Date

Aug 4, '18. Sergy Woods.

If Confined in Hospital, During What Time and Place Aug 1918 Angiers, Base Hospital

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

U. S. Infantry, Texas 1916.

When Discharged from Service May 17, 1919

Where Discharged from Service Camp Dix, N.J.

For What Reason Discharged from Service Disability

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Patrick McCabe (Deceased)

Name of Mother and Place of Residence.....Mary " Canton, Mass

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Sergt. Truedell } Still in service
Sergt. Walters }
Corp. Basham }

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Patrick Joseph McCormick
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Patrick Joseph McCormick
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 April 1894
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 139 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 139 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton Sept 21, 1917

Date and Place Where Mustered In or Reported for Duty Sept 21, '17 Camp Devens

Give Government Identification Tag Number 165 8 64 8

Co., Regt., Ship, or Service, First Assigned to and Date
Co K 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters Co. 302nd Inf.
Co. B 2nd P. Inf. Oct 3.

Rank While in Service Private Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

American

If so, Date and Ship from the United States or Canada Aquitania July 5, '18

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home July 1, 1919 Huron

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas July 12, 1919

Place of Arrival in United States Newport News.

Important Places Where Stationed Overseas Bordeaux. St Mihiel

Participated in What Battles and Dates of Same .....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service July 18, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrician.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....John McCormack (Canton.

Name of Mother and Place of Residence.....Anna " Deceased

Are You Without the Foregoing Relatives in This Country .....No.....

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 6 3/4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Grey.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis Leo McDermott
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Francis Leo McDermott
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 April 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 18 Maple, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 18 Maple, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 2, 1918 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ft Slocum, N.Y. Apr. 4.

Give Government Identification Tag Number 408417

Co., Regt., Ship, or Service, First Assigned to and Date 37th Engineers

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Mauretania June 28, 18

Port Sailed From for Overseas New York

Date of Arrival Overseas July 6, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home March 8, '19 Princess Matoka

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas March 24, 1919

Place of Arrival in United States Norfolk

Important Places Where Stationed Overseas Montfauccon,

Andernach, Coblenz

Participated in What Battles and Dates of Same Aisne-Marne July-Aug

St Mihiel, Sept '18. Chateau Thierry

Meuse-Argonne, Sept-Nov 1918

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 4, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrician.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Edward McDermott, Canton

Name of Mother and Place of Residence.....Mary.....

Are You Without the Foregoing Relatives in This Country .....

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....132 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Francis A. McDermott, River St., Boston

J. H. O'Connor, 102 Murdock St., Boston

L. J. O'Toole, 952 Rice, St. Paul, Minn.

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Henry McDermott
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Henry McDermott
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 October 1894
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 18 Maple, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 18 Maple, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Dec. 12, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec. 12, '17 Ft. Andrews

Give Government Identification Tag Number 576535

Co., Regt., Ship, or Service, First Assigned to and Date

23rd Co. Coast Artillery, Ft. Andrews.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

71st. Coast Artillery, Battery D.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 31, '18 Anselam

Port Sailed From for Overseas Boston

Date of Arrival Overseas Aug. 15, '18

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Feb. 11, '19. Mancheria

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas Feb. 22, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas St Nazaire, Pellaway, Angers

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service March 6, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Edward McDermott. Canton

Name of Mother and Place of Residence.....Mary.....".....".

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Brown, Canton, Mass

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Robert Smith McDowall
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Robert Smith McDowall
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 April 1885
DAY MONTH YEAR

Place of Birth Paisley, Scotland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Church, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 196 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 9, 1917. Montreal

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Apr. 9, Montreal

Give Government Identification Tag Number 1251896

Co., Regt., Ship, or Service, First Assigned to and Date
79th Battery, Canadian Field Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates
36th Battery C.F.A. Jan. 1918.

Rank While in Service Driver

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

Canadian

If so, Date and Ship from the United States or Canada Sept., '17. Justicia

Port Sailed From for Overseas Halifax

Date of Arrival Overseas Sept. 1917.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home March 17, '19. Olympic

Port Sailed from Returning Home Southampton

Date of Arrival from Overseas March 25, 1919

Place of Arrival in United States Halifax

Important Places Where Stationed Overseas Lens sector

Participated in What Battles and Dates of Same Neuvpie - May 1918.
Amiens, Aug. 1918. Arras, Aug. 1918.
Belleau Woods, Sept. 1918. Meuse Nov. 1918.
Cambrai Valenciennes Sept. 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service March 26, 1919

Where Discharged from Service Halifax, N. S.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations Medal to 3rd Div. Canadians.

Kind of Occupation Before War Service.....Well pressman.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)..Ethel Verity.....

Date and Place of Marriage to Wife (or Wives).....Oct. 25, '19 Canton.....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.James McDowall, Deceased

Name of Mother and Place of Residence.Mary " Scotland

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Brother.....

And if so, Give Full Name and Address of Either or Both .....

.....John McDowall, Hartford, Conn.

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Grey.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Alex. McCallum, Guelph, Ontario

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis Xavier Mc Enaney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Reg't Sergt Major.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 January 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 45 Highland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 45 Highland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass. Oct 3, 1917

Date and Place Where Mustered In or Reported for Duty Camp Devens, Oct 3

Give Government Identification Tag Number 2309825

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 163rd Inf. Oct 3, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates
14th. Co. 4th. Bat. Depot Brigade A.S.C.

Rank While in Service Reg't Sergt Major

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Mar. 12, '18 Great Northern

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Mar. 19, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Aug. 20, '19 Graf-Waldersee

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Sept 1, '19

Place of Arrival in United States New York

Important Places Where Stationed Overseas Chaumont, Paris

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 4, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Postal Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Bernard McEnaney, Canton

Name of Mother and Place of Residence.....(Deceased)

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Oliver Daly, Canton, Mass

Daniel B. Bload, " "

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Francis McKenna
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles Francis McKenna
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 September 1886
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 19 Eliot, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 19 Eliot, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 21, '17. Canton

Date and Place Where Mustered In or Reported for Duty Sept 21, '17 Camp Devens

Give Government Identification Tag Number 1658359

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co M 307th Infantry March 1918

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Apr. 9, '18 Justinia

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas April 18, 1918.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Nov. 21, 1918 Comfort

Port Sailed from Returning Home St Nazaire

Date of Arrival from Overseas Dec 9, 1918

Place of Arrival in United States New York

Important Places Where Stationed Overseas Calais, Lucie, Paro, Baccret, Cherry Chateau

Participated in What Battles and Dates of Same Ypres, Lorraine, Veile River.

Wounded or Other Injuries Received in Action, Place and Date Aug 15, 1918. Cherry Chateau (Shrapnel wound in left leg)

If Confined in Hospital, During What Time and Place Base 31 St Nazaire.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug 15, 1919.

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Weaver.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence John F. McKenna, Wash. Canton

Name of Mother and Place of Residence.....(Deceased).....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....186 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Peter George McKenna
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Peter McKenna
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 March 1883
DAY MONTH YEAR

Place of Birth Pontiac R. I.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 18, '17 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, June 18, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Ft. Oglethorpe, Ga.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Sept 1, 1917

101st Amb. Co. Bramingham

101st Sig. Corps Bat. Aug. 4, 1918.

Rank While in Service Captain

If Commissioned Officer Give Date of Commission June 18, 1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 7, '17 Pestonas

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, '17

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Pestonas, Dec 27, '18

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas Jan 6, 1919

Place of Arrival in United States Newport News

Important Places Where Stationed Overseas St Nazaire, Liffol-le-Grande-Neufchateau-Cheman-des-Dames

Participated in What Battles and Dates of Same Cheman-des-Dames, Mar 1918 Toul, Mar-June 1918. Chateau-Thierry, July 7-31, St Mihiel, Sept 12, 1918 - Oct 1918. Verdun, Oct 31, 1918.

Wounded or Other Injuries Received in Action, Place and Date

Gassed - Verdun - Oct 31, 1918.

Leichpney - April 6, 1918

If Confined in Hospital, During What Time and Place Base #15. June - July 1918. Base #26 Oct 1918. Nov 25, 1918.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Jan. 25, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Physician

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).....Leila Meehan

Date and Place of Marriage to Wife (or Wives)...Jamaica Plain, June 18, '14

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence James McKenna, E. Providence, R.I.

Name of Mother and Place of Residence Margaret Monahan (Deceased)

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.

Your Height in Feet and Inches.....5' 9 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

R. A. Pierce, Worcester, Mass.

Theodore Eby, Dorchester "

Charles Marins " "

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John William McLean
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John William McLean
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 January 1895
DAY MONTH YEAR

Place of Birth Sharon, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 247 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 247 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 5, 1917

Date and Place Where Mustered In or Reported for Duty Camp Devens, Oct 5, 1917.

Give Government Identification Tag Number 1658311

Co., Regt., Ship. or Service, First Assigned to and Date

Co K. 302 Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Officers' Training School, Oct 17, '18 La Valbonne
Casual, Dec 6, 1918 49th Inf. Dec 13, 1918.

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 5, '18. Aquitania

Port Sailed From for Overseas New York

Date of Arrival Overseas July 12, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Jan 12, '19 Geo Washington

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Jan 21, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Liverpool, Bourdeaux, Le Courneau, Clemency, St Amand, La Vallebonne, Le Mans, Connli, Brest.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Feb. 21, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Carpenter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence...Wm. J. McLean, Connecticut

Name of Mother and Place of Residence...Jessie R. " Canton.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ...140 lbs.....

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Harold Francis, E. Chatham, N.Y.

Frank Golden, Atlantic, Mass.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis Joseph McManus
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Francis J. McManus
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 October, 1894
DAY MONTH YEAR

Place of Birth Foxboro, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 915 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 915 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, June 15, 1918

Date and Place Where Mustered In or Reported for Duty June 15, 1918

Give Government Identification Tag Number 2794837

Co., Regt., Ship, or Service, First Assigned to and Date
Co. E. 1st Replacement Engineers

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co H. 116th Engineers
Co B. 303rd. "

Rank While in Service Private 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Washington, D.C.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas : Yes

American

If so, Date and Ship from the United States or Canada Oct 7, '18 Mesaba

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 18, 1918.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home May 30, 1919 Santa Anna

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas June 12, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas

Angiers - Seamure - Lailones

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 15, 1919

Where Discharged from Service Camp Dix, N.J.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....John P. McManus (Deceased)

Name of Mother and Place of Residence.....Mary ..... " ..... Canton

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....3334855.....

What Was Your Weight When Entering the Service .....147 lbs.....

Your Height in Feet and Inches.....5' 9½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Bot, Utica, N.Y.

Carl Haseley, New York City

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Henry Lawton McMorrow
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Henry Lawton McMorrow
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 (DAY) December (MONTH) 1899 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service 2300 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2300 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 8, 1918 Canton

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 10, 1918 Boston College

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Boston College, Student Army Training Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 10, 1918.....

Where Discharged from Service Boston College, Chestnut Hill

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....James McMorrow, Canton, Mass

Name of Mother and Place of Residence.....Margaret " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Lawrence McMorrow
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Lawrence McMorrow
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 (DAY) July (MONTH) 1895 (YEAR)

Place of Birth Winchester, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 2300 Washington, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Place of Residence at Present Time 2300 Washington, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 11, 1918

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, May 23, 1918.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Naval Reserves

Other Regiments, Ships or Branches of Services, Transferred to and Dates Hingham
Boston Navy Yard

Rank While in Service Yeoman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hingham, Mass
Boston Navy Yard

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....June 23, 1919.....

Where Discharged from Service .....Boston.....

For What Reason Discharged from Service.Released—still in reserve

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Chief Clerk, N.Y.N.H.&H. R.R.

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence....James McMorrow - Canton

Name of Mother and Place of Residence....Margaret .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....147 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thayer Hersey, 119 Hemenway, Boston

Frank Palmer, 6 Humboldt Ave, Roxbury

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Painter McMurtry
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Painter McMurtry
AS APPEARS ON THE SERVICE ROLL

Date of Birth 13 February 1883
DAY MONTH YEAR

Place of Birth Allegheny Pa.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 540 Pleasant, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Camino Real, Carmel, Cal.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston. Aug 22, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
American Field Service

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Chicago Aug 29, 1917.

Port Sailed From for Overseas New York

Date of Arrival Overseas Sept 8, 1917

Port of Arrival Overseas Bordeaux

Date and Ship Sailed Returning Home Dec. 6, 1917

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas Dec. 16, 1917

Place of Arrival in United States New York

Important Places Where Stationed Overseas Paris

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Dec. 3, 1917

Where Discharged from Service Paris

For What Reason Discharged from Service Disbandment of service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations Medal to members of A. E. S.

Kind of Occupation Before War Service.....Manufacturer

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).....Doris I. Meyer

Date and Place of Marriage to Wife (or Wives).....Nov. 10, 1909 New York

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

Geraldine G. – Canton, June 20, 1916

Edward P. – Norwood, Aug. 25, 1919

Name of Father and Place of Residence George G. McMurtry, New York

Name of Mother and Place of Residence.....Clara L.

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....168 lbs

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Red

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

O. B. Richardson, Glendale, Cal.

Wm. V. Macdonald, Belmont, Mass.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Ellsworth McPherson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18th (DAY) December (MONTH) 1861 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 59 Neponset St (STREET AND NUMBER) - Canton (CITY OR TOWN) - Mass (STATE)

Place of Residence at Present Time Remount Depot (STREET AND NUMBER) - Camp Travis (CITY OR TOWN) - Texas (STATE)

Enlisted or Drafted .....

Date and Place of Enlistment .....

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty Nov. 9-1916

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date .....

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Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

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Rank While in Service 1st Lieut., Captain, and Major, Medical Corps

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service Mexican border

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Still in the Army.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence...Hugh McPherson Canton Mass

Name of Mother and Place of Residence.....Deceased

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Michael John Mc Sweeney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name 1st Sergt. Michael J. Mc Sweeney
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 June 1890
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 15 Kempley, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 15 Kempley, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 5, 1917

Date and Place Where Mustered In or Reported for Duty Oct 8, '17 Camp Devens

Give Government Identification Tag Number 1658313

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd Inf. 76th Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Prison Guard Co., P.W. Escort Co. 233
Nov 30, 1918.

Rank While in Service Private - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Aquitania July 5, '18

Port Sailed From for Overseas New York

Date of Arrival Overseas July 11, 1918

Port of Arrival Overseas South Hampton

Date and Ship Sailed Returning Home June 1, '19 Black Arrow

Port Sailed from Returning Home Bassenda

Date of Arrival from Overseas June 16, '19

Place of Arrival in United States Newport News

Important Places Where Stationed Overseas Beau Desert

Camp Hunt - Bordeaux

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 18, 1919

Where Discharged from Service Camp Lee, Va

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Foreman.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Bart. McSweeney, Canton

Name of Mother and Place of Residence...Ellen.....".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Gardner Hamon, Framingham, Mass

James Connelly, Milton, Mass

Thomas Burns, " "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Lake.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Dennis James Maguire
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Dennis J. Maguire
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 January 1875
DAY MONTH YEAR

Place of Birth Sayonville Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 700 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Adams, Dorchester, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Camp Taylor, Ky. Aug 21, '18

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Ordered to sail from Hoboken for A.E.F. Oct 11, '18; prevented by influenza

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1st Lieut and Chaplain

If Commissioned Officer Give Date of Commission Sept 26, '18

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Taylor, Ky. Camp Fremont, Cal. Transport service to Brest & Liverpool

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service....Oct. 7, 1919.....

Where Discharged from Service ...Hoboken, N.J.....

For What Reason Discharged from Service..Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Priest.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....J. 4249118.....

What Was Your Weight When Entering the Service .....175 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black & gray

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Alec K. Marsden
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 238 Neponset St. Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time England
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 40441

Co., Regt., Ship, or Service, First Assigned to and Date Company C, 10th Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Marshall
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cook William Marshall
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 March 1896
DAY MONTH YEAR

Place of Birth Leeds England
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 624 Chapman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 503 Chapman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 29, 17 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 31, '17 Ft Slocum, N.Y.

Give Government Identification Tag Number 1409922

Co., Regt., Ship, or Service, First Assigned to and Date
Medical Casual Co., Aug 3, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Field Hospital #28 Ambulance Co #30
Sept 28, 1917

Rank While in Service Cook

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada June 4, '18 Mauretania

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas June 11, '18

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home July 14, '19 Agamemnon

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 21, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Le Havre, Brest, Luxembourge

Participated in What Battles and Dates of Same Vosges, June 19 – Aug 22, '18
St Mihiel, Sept 12–16, '18.
Meuse Argonne, Oct 11 – Nov 11, '18.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 29, 1919.

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chemist.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....James W. Marshall, Canton, Mass

Name of Mother and Place of Residence.....Emma " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.....

Your Height in Feet and Inches.....5'5"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Rocco Menino
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 August 1893
DAY MONTH YEAR

Place of Birth Grottaminarda, Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1 E. Glenwood Ave, Hyde Park, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 5 Bellavista Ave, Mansfield, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 25, 1918, Canton, Mass

Date and Place Where Mustered In or Reported for Duty Camp Dix, N.J.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co. 40 – 10th Bat. 153rd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Dix, N.J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Alessandro Menunno, Italy

Name of Mother and Place of Residence.....Mary..... " ..... Italy

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Brothers.....

And if so, Give Full Name and Address of Either or Both .....

Mike Menunno, 5 Bellovista, Mansfield.

Charles ..... " ..... 422 N. Main St. ..... "

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....123½ lbs.....

Your Height in Feet and Inches.....5'3"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harold Wesley Merriam
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harold W. Merriam
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 June 1898
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 59 Independence, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 59 Independence, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Canton, Sept 30, 1918

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 1, '18 M.I.T. Cam.

Give Government Identification Tag Number 4908903

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston, Mass
M.I.T. Cambridge, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 11, 1918.....

Where Discharged from Service .....M. D. T. Cambridge.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk & Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Walter R. Merriam, Canton, Mass

Name of Mother and Place of Residence.....Bertha E. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 8 3/4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Grey.....

Color of Your Hair .....Dark.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Francis Hill, 45 Sherman, Canton, Mass

George S Rowe, 110 Park, Fall River, "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harry L. Mittell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 596 Washington St., Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number 4192134

Co., Regt., Ship, or Service, First Assigned to and Date 19th Company, 5th Battalion 151st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd Company 1st Battalion, Depot Brigade

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...Max Mittell Canton - Mass.....

Name of Mother and Place of Residence...Ida Mittell.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Patrick Monahan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William P Monahan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 March 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Uxbridge, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 17, '17 Allston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Allston July 17, '17.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Co B. 101st Field Signal Battalion

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Norman Prince, Brookline, Mass Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

American

If so, Date and Ship from the United States or Canada Sept 12, 1917

Port Sailed From for Overseas New York

Date of Arrival Overseas Sept 25, 1917

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas Seichprey, St Mihiel, 2nd Marne

Participated in What Battles and Dates of Same.....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date May 13, 18. Bravery at Seichprey

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Telegrapher.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Matthew Monahan, Canton

Name of Mother and Place of Residence.....Martha (McGahan) "

Are You Without the Foregoing Relatives in This Country .....No.....

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....170 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death Sept. 19, 1918

Give Place of Death and Place of Burial St Mihiel, France

Give Burial Lot Number #27, on Red Cross photo.

Any Monument or Headstone Marked to Deceased Where Buried Wooden Cross

Any Memorial for Deceased in Other Cemetery Than Where Buried No

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

Anna E. Buckley, Norfolk, Canton, Mass.

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Brancha Mongini
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Grove, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 68th Regt
Bantonia Cassano D'Addd

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Peter Mongini
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Peter Mongini
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 October 1896
DAY MONTH YEAR

Place of Birth Biella Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 15 Grove, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 15 Grove, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 28, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 28, '17 Syracuse, N.Y.

Give Government Identification Tag Number 2300419

Co., Regt., Ship, or Service, First Assigned to and Date Co. G. 38th Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 3d Machine Gun Batt. 49th Inf. 3rd Army Corps School.

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Camp Merritt, Tenafly, N.J. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 26, '18. Taormina

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Aug. 6, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home July 30, '19 Mongolia

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug. 7, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Clamecy, Nievre

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 9, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber Spreader

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Joseph Mongini, Italy

Name of Mother and Place of Residence.....Theresa " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Fred E. Morrison
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Fred E. Morrison
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 June 1893
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 25 Highland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 455 Main, Walpole, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment Canton, Mass

Date and Place Where Drafted Feb. 26, 1918

Date and Place Where Mustered In or Reported for Duty Feb. 26, '18

Give Government Identification Tag Number 168472

Co., Regt., Ship, or Service, First Assigned to and Date 9th Co. 3rd Depot Brigade 76th Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. L. 305th Inf. 77th Div.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Apr. 16, '18

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas April 26, 1918.

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Feb. 27, 1919.

Port Sailed from Returning Home Brest

Date of Arrival from Overseas March 10, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Vale Sector, July 27 - Aug 14, 1918.

Wounded or Other Injuries Received in Action, Place and Date

Gassed, Vale Sector, Aug 14, 1918

If Confined in Hospital, During What Time and Place

Vichy, Aug 18, 1919

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service March 17, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence..William Morrison (Deceased)

Name of Mother and Place of Residence..Etta " Walpole, Mass

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....15-23581.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5'5 1/4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

George Hunt, Canton, Mass.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Daniel Ignatius Murphy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Daniel I. Murphy
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 November 1892
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 102 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 102 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, April 26, 1918.

Date and Place Where Mustered In or Reported for Duty Canton Apr. 26, '18

Give Government Identification Tag Number 1692591

Co., Regt., Ship, or Service, First Assigned to and Date 24th Co. 6th Regt. 151st Depot Brigade.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. A 301st Machine Gun Bat. 147th Mach. Gun Bat. Co. B. 330th Mach. Gun Bat.

Rank While in Service Private 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer
Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 7, '18 Cardcanshire

Port Sailed From for Overseas East Boston

Date of Arrival Overseas July 22, '18 Thomas River, Eng.

Port of Arrival Overseas

Date and Ship Sailed Returning Home June 10, '19 Frederick Wilhelm

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 19, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Lyon, Toul, St Mihiel, Belleville, Apremont, Grandpre.

Participated in What Battles and Dates of Same

St Mihiel - Sept 12 - 18, 1918

Meuse-Argonne - Sept 26 - Nov 1, 1918

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 26, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber Worker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Daniel J. Murphy, Canton.

Name of Mother and Place of Residence.....Mary.....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....20 90 565.....

What Was Your Weight When Entering the Service .....170 lbs.....

Your Height in Feet and Inches.....5' 8".....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Auburn.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Michael Paul Murphy
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 62 Church, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 4, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Navy

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Fireman 3/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Portsmouth Navy Yard, N. H.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Michael James Murray
COMPLETE NAME NO INITIALS. PLEASE WRITE PLAINLY

Name Michael James Murray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 May 1896
DAY MONTH YEAR

Place of Birth Walpole Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 558 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 19 Lefferts Pl. Brooklyn, N.Y.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 28, '17 Charlestown, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Apr. 28, '17 Charlestown

Give Government Identification Tag Number 1444324

Co., Regt., Ship, or Service, First Assigned to and Date
U.S.S. Virginia, April 28, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates Gyro School N.Y., Aug 1, '18. Vermont Nov 1, '18. Hampton Rds Mar 1, '19. Rec Ship Boston, April 1, 1919.

Rank While in Service Electrician 3/c - 2/c - 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Apr. 28 to Oct 1, '19 North Sea Mine Field

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

Overseas

If so, Date and Ship from the United States or Canada April 6, 1919

Port Sailed From for Overseas Boston, Mass

Date of Arrival Overseas April 4, 1919

Port of Arrival Overseas Inverness, Scot

Date and Ship Sailed Returning Home Osprey Oct 1, 1919

Port Sailed from Returning Home Scapa Flow, Orkney Is

Date of Arrival from Overseas Nov 19, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Kirkwall, Orkney

Participated in What Battles and Dates of Same .....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service Dec 26, 1919

Where Discharged from Service Portsmouth, N.Y.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas A. Murray (Deceased)

Name of Mother and Place of Residence.....Cath. M. Murray. Canton, Mass

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....148 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Glen W. Hardy, Harvard St. Dorchester, Mass.

Frederick Brewster, Care P. M. New York

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Henry Joseph Murray
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas H. J. Murray
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 Jan. 1899
DAY MONTH YEAR

Place of Birth Hyde Park Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 558 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 558 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Feb. 23, 1917. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Feb. 23, 1917 Boston

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date U.S.S. Patterson

Other Regiments, Ships or Branches of Services, Transferred to and Dates Training Station, Newport Rhode Island, Texas, Hannibal, Tr. Sta. Hingham

Rank While in Service Coxswain

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
American Navy, European Forces

If so, Date and Ship from the United States or Canada May 18, '18 Hannibal

Port Sailed From for Overseas New London, Conn.

Date of Arrival Overseas June 3, 1918.

Port of Arrival Overseas Plymouth, Eng.

Date and Ship Sailed Returning Home Hannibal Aug 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas .....
Plymouth, Eng. Brest, France
Lisbon, Portugal.

Participated in What Battles and Dates of Same .....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place .....

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service Sept 11, 1919

Where Discharged from Service Hingham, Mass

For What Reason Discharged from Service Enlistment expired

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Chauffeur.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas A. Murray (Deceased)

Name of Mother and Place of Residence.....Cath. Murray. Canton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Walter Roy Nichols
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Walter R Nichols
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 July 1896
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 89 Kenney, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 89 Kenney, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 17, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 25, 1917

Give Government Identification Tag Number 3563

Co., Regt., Ship, or Service, First Assigned to and Date
2nd Ambulance Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
103rd Ambulance, Co. 101st Sanitary Train.

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 15, '17. Canada

Port Sailed From for Overseas Montreal

Date of Arrival Overseas Oct 2, 1917

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Apr. 6, '19 Winifredian

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 18, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same Aisne Soissons, Feb-Mar. 19
Toul, Apr. 3-June 28, '18. Chateau Thierry July 4-28,
St Mihiel Aug 19-Sept 15 Troyon Sept-Oct 9,
Verdun Oct 9-Nov 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 29, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Robert Nichols (Deceased)

Name of Mother and Place of Residence..Annie " Canton, Mass

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .139 lbs.....

Your Height in Feet and Inches.....5' 7 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Blonde

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Richard Barrow, Canton, Mass.

Frank Kendall, " "

Herbert Guild, " "

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Albert O'Brien
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Albert O'Brien
AS APPEARS ON THE SERVICE ROLL

Date of Birth 18 June 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 25 Ames, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 25 " " "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug 25, '17 Boston

Give Government Identification Tag Number 772963

Co., Regt., Ship, or Service, First Assigned to and Date
Quartermasters' Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Receiving Co 3

Rank While in Service Corporal Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Rodman
Jacksonville, Fla. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada May 1, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas May 9, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home June 25, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 8, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Camp de Souge,

Camp Shannon

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 15, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Book keeper.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Deceased.....

Name of Mother and Place of Residence.....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Sisters.....

And if so, Give Full Name and Address of Either or Both .....

Mary E., Anna G., Mildred. Ames Ave,
Canton, Mass.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....158 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Gray.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Joseph O'Brien
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John J. O'Brien
AS APPEARS ON THE SERVICE ROLL

Date of Birth 5 October 1891
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 248 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 248 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 20, 1917

Date and Place Where Mustered In or Reported for Duty Camp Devens, Sept 21, '17

Give Government Identification Tag Number 1666219

Co., Regt., Ship, or Service, First Assigned to and Date Sept 21, 1917
Co K 302nd Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
D. Co. 301st Supply Train Sept 28, 1917

Rank While in Service Private, Corporal, Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 15, '17 Winifredian

Port Sailed From for Overseas Boston

Date of Arrival Overseas Aug. 1, 1917

Port of Arrival Overseas Avonmouth, Eng.

Date and Ship Sailed Returning Home May 24, '19 La Lorraine

Port Sailed from Returning Home Le Havre

Date of Arrival from Overseas June 1, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas St. Amand

Montrand Cher Le Havre

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 11, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Painter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...Matthew O'Brien (Deceased)

Name of Mother and Place of Residence...Margaret ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Oliver Howe, Brockton, Mass.

Peter Murphy, New Bedford, "

Francis J. Lyons, Milton, "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George William O'Connell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George W. O'Connell
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 October 1893
DAY MONTH YEAR

Place of Birth Canton Mass.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 173 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 173 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 25, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Apr. 25, '17. Ft Slocum, N.Y.

Give Government Identification Tag Number 346267

Co., Regt., Ship, or Service, First Assigned to and Date
9th. Co. C.A.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
9th. Co. Balboa C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Fort Grant Canal Zone.
Fort Amador

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....May 23, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....William O'Connell, Canton

Name of Mother and Place of Residence.....Ellen.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....133 lbs.....

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Dark Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Hanrahan New York City

J. J. O'Neill, Lawrence, Mass.

Lewis Schaeffer, Yonkers, N.Y.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John H. O'Neill
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John H. O'Neill
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 February 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 17 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 17 Neponset, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, June 1, 1918

Date and Place Where Mustered In or Reported for Duty June 1, 1918

Give Government Identification Tag Number 3172004

Co., Regt., Ship, or Service, First Assigned to and Date
Co #8 Veterinary Hospital

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 26, '18. Susquehanna

Port Sailed From for Overseas Newport News

Date of Arrival Overseas Aug 5, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home May 23, 1919 Frederick

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 2, 1919

Place of Arrival in United States Brooklyn

Important Places Where Stationed Overseas Claye - Souilley

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 10, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Aetion and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Oecupation Before War Service.....Driver.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thos. P. O'Neill, Canton.....

Name of Mother and Place of Residence.....Cath. O'Neill.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....147 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Hurley, Stoughton, Mass

Clarence " " "

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Stanley John Oldzieisky
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Stanley John Oldzieisky
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 November 1895
DAY MONTH YEAR

Place of Birth Knyszyn Poland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Riverside Ave, Medford
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 207 Sherman, Portland, Oregon.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted May 31, 1917. Enlisted

Date and Place of Enlistment Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 5, '17 Framingham

Give Government Identification Tag Number 60198

Co., Regt., Ship, or Service, First Assigned to and Date
9th. Mass N. G. Co. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Aug. 5, 1917.
Co. C. 101st. U. S. Inf.

Rank While in Service 1/c Private. Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 7, '17 Tenadness

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Feb 4, '19 Matsonia

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas Feb 16, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Chemin de Dames

Participated in What Battles and Dates of Same

Toul, Chateau Thierry July 18, 1918.

Wounded or Other Injuries Received in Action, Place and Date

Machine Gun Wound, Chateau Thierry July 20, 1918

If Confined in Hospital, During What Time and Place Base #15.

Base #9 Operation Acute Appendix

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Feb. 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber Heel Pressman.

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....John Oldzieisky, Stoughton

Name of Mother and Place of Residence.....Deceased

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....2996407

What Was Your Weight When Entering the Service .....155 lbs.

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Edward Slattery, Joseph Benson,
Charles McElroy 101st Inf.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Emil Thomas Olsen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Emil Thomas Olsen, Mus. 2/c
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 March 1895
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 12 Crane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 102 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 31, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 29, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Bugle Squad Aug 21, '17
Rec. Ship Band Dec 16, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 2/c Musician

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport, R.I.
Boston, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital. During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 16, 1918.....

Where Discharged from Service .....Boston, Mass.....

For What Reason Discharged from Service.....Business.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Coal Merchant.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Mary F. Murphy.....

Date and Place of Marriage to Wife (or Wives).....July 28, '18 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Emil Olsen, Canton, Mass.

Name of Mother and Place of Residence.....Jennie " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....164 lbs.....

Your Height in Feet and Inches.....5' 6 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Blonde

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Frederic Olsen
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Frederic Olsen
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 December 1897.
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 12 Crane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 12 Crane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 16, 1916 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, April 16, '16

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Newport, R.I.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
"Virginia" June 1916
Dorsid Oct 1916

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Druid Nov, 1917

Port Sailed From for Overseas New York

Date of Arrival Overseas Nov 1917

Port of Arrival Overseas Gibraltar - Azores

Date and Ship Sailed Returning Home Druid Dec 15, 1918

Port Sailed from Returning Home Gibraltar

Date of Arrival from Overseas Jan 6, 1919

Place of Arrival in United States New London

Important Places Where Stationed Overseas Genoa, Gibraltar, Brest

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

One year in Navy

When Discharged from Service April 16, 1919

Where Discharged from Service New York

For What Reason Discharged from Service Enlistment expired

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Teamster.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence...Emil Olsen, Canton, Mass

Name of Mother and Place of Residence...Jennie " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....152 lbs.....

Your Height in Feet and Inches.....5' 5"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

J. T. Breenahan, 16 Dudley St

M. J. Creighton 21 Leslie, Dorchester

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Paradiso
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Giovanni Paradiso
AS APPEARS ON THE SERVICE ROLL

Date of Birth July 1893
DAY MONTH YEAR

Place of Birth Perta Stonina Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 34 Dedham, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 136½ Elm, Lawrence, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Feb. 13, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 13, '17 Syracuse, N.Y.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Co. G. 38th. Inf. 1st Div. June 13, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd. Co. Prov. Bri. 16th. Inf. July 1917. B. Co. 16th. Inf. July 26, 1917. 158 Inf.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 26, 1917.

Port Sailed From for Overseas New York

Date of Arrival Overseas

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home April 3, 1919

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas

Place of Arrival in United States New York

Important Places Where Stationed Overseas Toul. Bordeaux

Participated in What Battles and Dates of Same Chateau Thierry. Cantigny. Argonne. St Mihiel. Soissons.

Wounded or Other Injuries Received in Action, Place and Date Toul, Feb. 10, '18. Cantigny, May 4, '18. Soissons, July 20, '18 Argonne, Oct 7, '18.

If Confined in Hospital, During What Time and Place Base 42. Base 11. Base 13. Base 8. Base 17.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Moving Picture Operator

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence....Dominic Paradiso, Italy

Name of Mother and Place of Residence....Giovannia " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125 lbs

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Dark brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles Keyes, Philadelphia, Pa.

Captain Bruce, Boston

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Samuel Perry
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Samuel Perry
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 March 1894
DAY MONTH YEAR

Place of Birth Santiago Cape Verde Is.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 13 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 214 Vine, Everett, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 1917

Date and Place Where Mustered In or Reported for Duty April 26, 1918

Give Government Identification Tag Number 1692863

Co., Regt., Ship, or Service, First Assigned to and Date 24th Co. 6th Bat.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. M. 367th Reg't. May 26, 1918.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Camp Upton. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada June 10, '18 Rhodland

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas June 19, '18

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Rotterdam, Feb 18, '19

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Feb 27, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same Eastern Front, Sept. Argonne, Oct 10-16. Maybosh, Oct 18-28. Sammiel Sector Nov. 3-11.

Wounded or Other Injuries Received in Action, Place and Date Gassed

If Confined in Hospital, During What Time and Place 18 days

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service March 10, 1919

Where Discharged from Service Camp Devens, Ayer

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Dale Perry, Cape Verde Is.

Name of Mother and Place of Residence.....Mary " " " .

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....Colored

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Leo Campbell, 142 W. 121st St. N.Y.

Fulton West, 139 Valley, Tarrytown, N.Y.

John Fonseca, 165-18th St Newport News,

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Guiseppe Perzechino
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Guiseppe Perzechino
AS APPEARS ON THE SERVICE ROLL

Date of Birth 9 March 1895
DAY MONTH YEAR

Place of Birth Racca de Vandra, Casserta, Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 277 Almy, Lawrence, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 17 Lily, Providence, R.I.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment July 9, 1918

Date and Place Where Drafted Canton, Mass

Date and Place Where Mustered In or Reported for Duty July 10, 1918.

Give Government Identification Tag Number 352892

Co., Regt., Ship, or Service, First Assigned to and Date Bat. D. 47th Reg't. C. A. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Camp Eustis, Virginia

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Slocum, N.Y.
Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Gelander, Oct 11, '18

Port Sailed From for Overseas Newport News, Va.

Date of Arrival Overseas Oct 22, '18

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Madaweska. Feb 1, 1919

Port Sailed from Returning Home Pugliska

Date of Arrival from Overseas Feb 15, 1919.

Place of Arrival in United States Newport News, Va.

Important Places Where Stationed Overseas Brest, Ancholine, Bordeaux, Elpess, Bajo.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 5, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Mill-hand.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Carmine Perzechino, Italy

Name of Mother and Place of Residence...Maria.....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Sister.....

And if so, Give Full Name and Address of Either or Both .....

Elizabeth Franko, 108 Federal, Providence, R. I.

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Michele Coletta, 113 Chestnut, Lawrence, Ma

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Renel Alfred Pierce
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Renel Alfred Pierce
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 September 1889
DAY MONTH YEAR

Place of Birth Taunton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 470 Washington, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 78 Pleasant, Worcester, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, May 4, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 17, '17. Boston

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Medical Corps, Field Hospital #1. May 4, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
103rd. U. S. Inf. January 1918.

Rank While in Service 1st. Lieut. Captain

If Commissioned Officer Give Date of Commission May 4, '17. Sept 16, '18.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 7, '17 Tenadores

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home March 28, 19 America

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 5, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Bazolles sur Meuse - Liffol-l-Grande, Vanderson, St Gervais, Chattel - Orleans - St Remy - Ramboucourt.

Participated in What Battles and Dates of Same Chemin des Dames, Feb 6 - Mar Toul, May 4 - June 20; Chateau Thierry, July 10-17; Troyne, Sept 20 - Oct 8; Meuse - Argonne, Oct 18 - Nov 11, 1918.

Wounded or Other Injuries Received in Action, Place and Date

Wounded near La Voice du Chattel, July 16, 1918

If Confined in Hospital, During What Time and Place

Base #202 July 18, 1918 - Sept 12, 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date Citations Sept 26, '18 Div & Pershing " 12-Oct 11. St Mihiel

Other Medals and Foreign Decorations Croix de Guerre, June 16, 1918

Kind of Occupation Before War Service.....Physician.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)..Jeanne M. Cornell

Date and Place of Marriage to Wife (or Wives).....Oct 5, 1911 Boston, Mass.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Oscar N. Pierce, Taunton.

Name of Mother and Place of Residence..Nettie M. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....131 lbs.....

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Chestnut

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Peter G. McKenna Canton, Mass

Stanhope B. Jones New Orleans, La.

Harry T. Robertson Portland, Me

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Carlo Porcaro
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Carlo Porcaro
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 March 1896
DAY MONTH YEAR

Place of Birth Naples Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 61 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Sept 21, 1917 Canton

Date and Place Where Mustered In or Reported for Duty Sept 21, '17 Camp Devens.

Give Government Identification Tag Number 2309657

Co., Regt., Ship, or Service, First Assigned to and Date

Co. K. 302nd. Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Salvage Squad #9, 2. M. C. Demob. Group #2.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,

Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Mar. 20, 1918

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Mar. 27, 1918.

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home June 21, '19. Geo. Washington

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 29, '19.

Place of Arrival in United States New York

Important Places Where Stationed Overseas Nichsitiel

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 17, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner in Woolen Mill

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Louis Porcaro.....

Name of Mother and Place of Residence.....Rose.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Cesare Porcaro
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Cesare Porcaro
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) May (MONTH) 1896 (YEAR)

Place of Birth Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 61 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 58 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton

Date and Place Where Mustered In or Reported for Duty Canton

Give Government Identification Tag Number 1658361

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302 Inf. Sept 21, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Plattsburg, N.Y. Bannerman Island,
Wehawk, N.J. Co. A. W. S. Guard

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 23, 1919.....

Where Discharged from Service .....Camp Dix, N.J.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Spinner.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Alice Barlata

Date and Place of Marriage to Wife (or Wives).....Stoughton, June 27, '20

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Nicholas Porcaro, Canton

Name of Mother and Place of Residence.....Carmela " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....138 lbs.....

Your Height in Feet and Inches.....5' 5"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Carlo Porcaro, Bolivar, Canton, Mass

Joseph Poliaino, Revere, " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Victor Pozzo
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Victor Pozzo
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 February 1897
DAY MONTH YEAR

Place of Birth Moncalvo Italy
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 2 Frederic, Dorchester, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 14 Norfolk, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 15, 1917. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 15, 1917. Boston

Give Government Identification Tag Number 1101221

Co., Regt., Ship, or Service, First Assigned to and Date 22d Cavalry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery C. 80th. F.A. 7th. Div. Ammunition Train, Headquarters Dept.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Oglethorpe, Ga. Waco, Texas. Overseas.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes, American

If so, Date and Ship from the United States or Canada Aug. 18, '18. Geo. Washington

Port Sailed From for Overseas New York

Date of Arrival Overseas Aug. 1918.

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home June 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 28, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Vance, Germany.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 28, 1919

Where Discharged from Service Camp Devens, Mass.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Waiter.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Santina Ottinio

Date and Place of Marriage to Wife (or Wives).....Nov. 27, '19 Boston

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Eugene Pozzo, Italy.....

Name of Mother and Place of Residence.....Caroline " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 4 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Alvin William Quennell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Alvin W. Quennell
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 (DAY) Oct. (MONTH) 1889 (YEAR)

Place of Birth Roxbury (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 71 High, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 71 High, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Ft. Sheridan, Ill. Aug 27, 17

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Ft. Sheridan, Aug 27.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Officers Training Camp, Ft. Sheridan, Aug 27, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates Training Camp, C.A.C. Aug 21, 17.
Instructor Detach. Service, Aug. 15, '19

Rank While in Service 2nd Lieut.

If Commissioned Officer Give Date of Commission Nov. 27, 1917.

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 25, '18. Northern Pacific

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 4, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home July 19, 1919 Leppelin

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 29, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Tours - Paris -

Is-sur-Tille - Bar-sur-Robe -

Atelier de Mehun-sur-Yevie

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Aug 15, 1919

Where Discharged from Service Boston

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Commercial engineer

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Wm. J. Quennell, (Deceased)

Name of Mother and Place of Residence.....Ada E. " Canton

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....203723.....

What Was Your Weight When Entering the Service .....179 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Auburn.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John W. Hinchcliffe, 2412 Cherry, Vicksburg, Miss

Charles P. Storms, Oradell, N. J.

R. S. Jones, 401 So. 5th Ave. Bozeman, Mont.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Patrick Quinn
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Unknown
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 22, 1918

Give Government Identification Tag Number 314968

Co., Regt., Ship, or Service, First Assigned to and Date 5th Company, 2nd Battalion, 151st Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Ayer, Mass.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....Mary Dunn.....

And if so, Give Full Name and Address of Either or Both ..... 1902 Gorsuch Ave

.....Baltimore - Md.

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Pasquale Rastelli
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 194 Neponset St Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Cellio per Carego Provincia Povara Italia
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship. or Service, First Assigned to and Date 162 Regg. Fanteria
4th Company, 35th Divisione A M

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Italy

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Allen Joseph Reardon
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Allen J. Reardon
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 November 1895
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 57 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 57 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, April 26, 1918

Date and Place Where Mustered In or Reported for Duty Camp Devens

Give Government Identification Tag Number 1692594.

Co., Regt., Ship, or Service. First Assigned to and Date Utility Dept. Quartermaster Corps

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private, Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....May 16, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Carder, at Woolen Mills

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Allen Reardon, Canton

Name of Mother and Place of Residence...Julia Reardon, " .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Florence Carroll Reardon
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Florence Carroll Reardon
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 August 1892
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 57 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 57 Bolivar, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 5, 1918

Date and Place Where Mustered In or Reported for Duty Sept 5, '18 Camp Upton, N.Y.

Give Government Identification Tag Number 4168790

Co., Regt., Ship, or Service, First Assigned to and Date 5th Co. 2nd Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. E 49th Inf. Oct. 1918
Co. D 38th Inf. Oct 24, 1918.

Rank While in Service Private - Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton, N.Y.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Oct 8, '18 Plattsburg

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 22, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Aug 11, '19 Matsonia

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug 20, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Coblenz

Participated in What Battles and Dates of Same Meuse-Argonne, Oct '18.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 16, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Book keeper.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Allen Reardon, Canton

Name of Mother and Place of Residence...Julia " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....125 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Francis Reardon
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 December 1894
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 114 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 114 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 4, 1917. Canton

Date and Place Where Mustered In or Reported for Duty Oct 8, 1917

Give Government Identification Tag Number 1658363

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302nd. Inf. 76th. Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. C. 7th. Regt, U. S. Guards.

Rank While in Service Private – Corp – Sergt.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens.
Ft. Adams – Newport – Boston.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 12, 1918.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence Daniel M. Reardon, Canton

Name of Mother and Place of Residence Catherine " "

Are You Without the Foregoing Relatives in This Country No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service 140 lbs.

Your Height in Feet and Inches 5' 4 1/2"

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Howard Freeman Richards
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Howard Freeman Richards
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) April (MONTH) 1899 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 51 Independence, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 51 Independence, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Mar. 29, '17. Ft. Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Mar. 28, '17. Ft. Slocum.

Give Government Identification Tag Number 2380970

Co., Regt., Ship, or Service, First Assigned to and Date
Co. A. 23rd Inf. April 8, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Hdqtrs Co. 50th Inf. June 5, 1917.

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Syracuse, N.Y. El Paso, Texas, Camp Greene, N.C. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
Army Occupation

If so, Date and Ship from the United States or Canada Oct 20, '19 Pres. Grant.

Port Sailed From for Overseas ..... Hoboken

Date of Arrival Overseas ..... Nov 1, '19

Port of Arrival Overseas..... Brest

Date and Ship Sailed Returning Home..... April 13, '20 Mercury

Port Sailed from Returning Home..... Antwerp

Date of Arrival from Overseas..... April 24, '20

Place of Arrival in United States ..... Hoboken

Important Places Where Stationed Overseas..... Mayen, Coblenz,
Neadermanding, Andernach.

Participated in What Battles and Dates of Same.....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place Dec 10 – Jan 3, 1920
Camp Lewis, S C.

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service..... May 5, 1920

Where Discharged from Service ..... Camp Dix

For What Reason Discharged from Service..... Circular #75 War Dept.

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Mason.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....R. W. Richards, Canton

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.....

Your Height in Feet and Inches.....5' 5 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Jess J. Poffenbarger, Beech Hill, W. Va.
Frank A. Weaver, Pleasant Gap Ga

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Louis Richards
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 9, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Virginia

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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No information could be obtained

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Richardson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Richardson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30 (DAY) Sept. (MONTH) 1886 (YEAR)

Place of Birth Newton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Green, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Green, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 8, 1917

Date and Place Where Mustered In or Reported for Duty Sept 8, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Co K. 302nd Inf. Sept 10, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Co. E. 302nd Inf. Dec 5, 1917. 3rd O.T.C. Camp Devens, Jan 5, 1918 Ent. Off. Train School Camp Lee, July 1-Nov 29, 18

Rank While in Service Sergt. 2nd Lieut. 1st Lieut. Capt.

If Commissioned Officer Give Date of Commission June 1, '18. Nov 1, '18. Jan 10, '19

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass. Camp Lee, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Nov 29, 1918.....

Where Discharged from Service .....Camp Lee, Va.....

For What Reason Discharged from Service.....Return to Civilian life.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Lawyer.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Hope Hemenway

Date and Place of Marriage to Wife (or Wives).....Sept 7, 1909, Canton.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any Hope, July 18, '10 Cohasset.
Louisa, Nov 1, '12 Canton. Hetty, Dec 10, '14 Canton
Faith, Dec 21, '18 Boston, Mass

Name of Father and Place of Residence John Richardson, (Deceased)

Name of Mother and Place of Residence Louisa Cabot " Newton, Mass.

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....173 lbs.....

Your Height in Feet and Inches.....6' 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Robertson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George Robertson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 November 1898
DAY MONTH YEAR

Place of Birth Wellesley Hills, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Green, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2745 Wash. St. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 21, 1916. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 21, 1916

Give Government Identification Tag Number 60045

Co., Regt., Ship, or Service, First Assigned to and Date Co. B. 101st Inf. 51st Brig. 26th Div.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service 1/c Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Pastorius

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917.

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Feb. 6, 1919. Matsonia

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas Feb 15, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Neufchateau,

Tours, Blois

Participated in What Battles and Dates of Same Chemin-de-Dames, Feb. 21. Toul, June 20., Chateau Thierry, July 17, St Mihiel, Oct 25.

Wounded or Other Injuries Received in Action, Place and Date Gassed — Chateau Thierry, July 18. Toul Sector, two machine gun bullets, June 25.

If Confined in Hospital, During What Time and Place Base #43, Blois, July, August, Sept.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any Mexican Border Service, June 1916 — Nov. 1916.

When Discharged from Service March 15, 1919

Where Discharged from Service Camp Devens, Mass

For What Reason Discharged from Service Disabled

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Cutter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Peter G. Robertson, Canton

Name of Mother and Place of Residence.....Cath.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1645032.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 11½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

John Homan, Dorchester, Mass.

Frank Martis, Somerville, "

Frank Sullivan, Charlestown, "

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Dona R. Robie
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Dona R. Robie
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 May 1895
DAY MONTH YEAR

Place of Birth Amesbury Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 729 Wash. Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Endicott, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Taunton, Nov 30, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec 7, 1917.

Give Government Identification Tag Number 2489215

Co., Regt., Ship, or Service, First Assigned to and Date
2nd Div. Aviation Squadron 27

Other Regiments, Ships or Branches of Services, Transferred to and Dates 833 Squad.
Field #2, Gen. Supply, Concen. Camp

Rank While in Service Private Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Waco, Texas
Hempstead, L. I. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada May 11, '18 Anselem

Port Sailed From for Overseas Liverpool

Date of Arrival Overseas May 22, '18

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Nov 23, 1918

Port Sailed from Returning Home Liverpool

Date of Arrival from Overseas Dec 4, 1918

Place of Arrival in United States New York

Important Places Where Stationed Overseas Grantham, Winchester

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Dec 14, 1918

Where Discharged from Service Camp Mills, L. I.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Railroad Fireman

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Raymond Robie, Canton

Name of Mother and Place of Residence.....Justine Robie, "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Norman Leander Robinson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Norman Leander Robinson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 9 October 1896
DAY MONTH YEAR

Place of Birth Annapolis Nova Scotia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 6 Waverly, Roxbury, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 580 Main, Rutland, Oregon
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted June 5, '17. Canton, Mass

Date and Place Where Mustered In or Reported for Duty Canton, Nov 20, '17

Give Government Identification Tag Number 1676147

Co., Regt., Ship, or Service, First Assigned to and Date
29th Co. 151 Depot Brig. 20th Nov. 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Cook

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 5, 1918.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Wool business

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Edward Robinson, Nova Scotia.

Name of Mother and Place of Residence.Harriet " " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Yes

And if so, Give Full Name and Address of Either or Both James A. Robinson,
5408 N. Sawyer Ave., Chicago, Ill.
Frank Robinson, Chicago, Ill.

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.

Your Height in Feet and Inches.....5' 5½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Dark brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph H. Wilcock, Barry, Mass.

Walter Kernes, Troy, N.Y.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Joseph Rockett
COMPLETE NAME NO INITIALS. PLEASE WRITE PLAINLY

Name Edward J. Rockett
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 January 1891
DAY MONTH YEAR

Place of Birth Tramore Ireland
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 96 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 96 Bolivar, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted August 30, 1918

Date and Place Where Mustered In or Reported for Duty Aug. 30, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 7th. Co. 2nd. Batt. 152nd. Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters' Co. Sept 21, 1918.
21st Co. 42nd. Inf. Oct 4, 1918.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton, N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Steam fitter.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Cath. E. Regan.....

Date and Place of Marriage to Wife (or Wives).....Nov 20, '19. Canton.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....James Rockett, Waterford, Ire.

Name of Mother and Place of Residence.....Mary.....".....".....".

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

Nellie Rockett, 39 Thomas Park. S. Boston

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....175 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Francis McDermott, Canton, Mass.

James Cleary ..... " ..... "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Edward Rogers
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Edward Rogers
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 February 1893
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 68 Pond, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 68 Pond, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Jan 27, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Boston, Jan 30, 1918.

Give Government Identification Tag Number 1115549

Co., Regt., Ship, or Service, First Assigned to and Date 1st Training Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
7th Co. A S.S.C. U.S. Air Service

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Kelley's Field, Texas.
Camp Sevier, S.C. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada June 24, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas July 5, 1918

Port of Arrival Overseas Southampton

Date and Ship Sailed Returning Home Dec 12, 1918

Port Sailed from Returning Home

Date of Arrival from Overseas Dec 30, 1918

Place of Arrival in United States

Important Places Where Stationed Overseas Brest, Dover, Marske by Sea, Eng.

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Jan 23, 1919

Where Discharged from Service Camp Mills, N.Y.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Paper worker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence..Anthony Rogers, (Deceased)

Name of Mother and Place of Residence....Mary.....".....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

Belle Rogers, 68 Pond, Canton, Mass

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.....

Your Height in Feet and Inches.....5' 11 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Ralph Deady, Clark St.

John Gorman, Smith Hill, Prov R.I.

Thomas Ahearn, E. Walpole, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Stanislaw Romanowski
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1st (DAY) December (MONTH) 1893 (YEAR)

Place of Birth Meracz (CITY OR TOWN) Poland (STATE OR COUNTRY)

Place of Residence When Entering the Service 54 Rockland St (STREET AND NUMBER) - Canton (CITY OR TOWN) - Mass (STATE)

Place of Residence at Present Time 11 Pierce Place (STREET AND NUMBER) Canton (CITY OR TOWN) - Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 2 1918

Date and Place Where Drafted —

Date and Place Where Mustered In or Reported for Duty Stingham Mass April 2 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Second class seaman - First / Third class carpenter's mate

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Stingham - Wakefield Pumpkin Island - Provincetown Boston section

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Peter Romanowski - Poland

Name of Mother and Place of Residence.....Katherine " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Sister

And if so, Give Full Name and Address of Either or Both .....Anastasia Romanowski

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....White

Color of Your Eyes.....Light blue

Color of Your Hair .....Blonde

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ..Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Samuel Rosenblatt
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Samuel Rosenblatt
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 May 1887
DAY MONTH YEAR

Place of Birth Boston Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Lincoln, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Lincoln, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Nov 11, 1918.

Date and Place Where Mustered In or Reported for Duty Camp Devens, Nov 11, 1918.

Give Government Identification Tag Number 4196525

Co., Regt., Ship, or Service, First Assigned to and Date
Depot Brig. 19th. Co. 5th. Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Dec. 4, 1918.
3rd. Co. 1st. Batt. 151st. Depot Brig.

Rank While in Service Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Feb. 6, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service...Rubber manufacturing

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)...Sophia Liberman

Date and Place of Marriage to Wife (or Wives) Jan 14, 1910 Boston

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

Harry, Oct 14, 1910. Boston, Mass

.....

Name of Father and Place of Residence. David Rosenblatt, (Deceased)

Name of Mother and Place of Residence. Millicent ..... Somerville

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....133 lbs.....

Your Height in Feet and Inches.....5' 7 1/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles McKenna, Canton, Mass

Harry Mittell, " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Charles Russell
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Charles Russell
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) Sept (MONTH) 1895 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 193 Bailey, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE).

Place of Residence at Present Time 193 Bailey, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, May 27, 1918.

Date and Place Where Mustered In or Reported for Duty May 27, Camp Upton

Give Government Identification Tag Number 3193325

Co., Regt., Ship, or Service, First Assigned to and Date 8th. Co. 2nd Batt. 152nd. Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates P.W.E. 227th. 190 Adm. Labor Co. 71st. C.A.C.

Rank While in Service Private, Corporal, Sergeant.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton, N.Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 24, '18 Caserta

Port Sailed From for Overseas Newport News

Date of Arrival Overseas Aug 4, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Sept 8, '19 - Santa Elisa

Port Sailed from Returning Home Bassens

Date of Arrival from Overseas Sept 19, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Brest, Tours,

Limoges - Dijon - St Denis

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Sept 25, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Fire alarm assembler

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....John F. Russell.....

Name of Mother and Place of Residence.....Ellen.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....132 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Grey

Color of Your Hair .....Dark Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

James M. Quinn, Longmeadow, Mass

Charles Stewart, Canton, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Francis Aloysius Ryan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Francis A. Ryan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 8 (DAY) Sept. (MONTH) 1887 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 353 Sherman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 25 Stone Ave, Somerville, "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, July 22, 1918.

Date and Place Where Mustered In or Reported for Duty Camp Devens, Mass

Give Government Identification Tag Number 3149680

Co., Regt., Ship, or Service, First Assigned to and Date 5th Co. 2nd Batt. 151st Depot Brig. July 22, 1918.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Corporal. Sergeant.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas ....No....

If so, Date and Ship from the United States or Canada ....

Port Sailed From for Overseas ....

Date of Arrival Overseas ....

Port of Arrival Overseas....

Date and Ship Sailed Returning Home....

Port Sailed from Returning Home....

Date of Arrival from Overseas....

Place of Arrival in United States ....

Important Places Where Stationed Overseas....

Participated in What Battles and Dates of Same....

Wounded or Other Injuries Received in Action, Place and Date ....

If Confined in Hospital, During What Time and Place ....

If Prisoner by Enemy, Date and Place of Capture....

Places Confined ....

Date and Place Released ....

Give Record of Service in Army or Navy before the German War if Any ....

When Discharged from Service....Dec. 3, 1918....

Where Discharged from Service ....Camp Devens, Mass....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Teacher

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives)..Elvira B. Bensaia

Date and Place of Marriage to Wife (or Wives)..Somerville, Sept. 25, '18

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence..James Ryan, Canton, Mass

Name of Mother and Place of Residence.....Mary " " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....3339922

What Was Your Weight When Entering the Service ....170 lbs

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Red

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Eben Townes, Brockton, Mass.

John Kirsch, Meriden, Conn.

Frederick Warnock, Pekin, Prov. R. I.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Philip Edwin Sadler
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Philip E. Sadler
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 November 1897
DAY MONTH YEAR

Place of Birth Cooper Maine
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 611 Pleasant, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 6 High, Calais, Maine
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 19, 1918 Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 24, 1918.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. N. R. F. Oct 24, 1918

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Seaman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hingham, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Feb 19, 1919.....

Where Discharged from Service .....Hingham, Mass.....

For What Reason Discharged from Service...Dependency.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Edwin S. Sadler, Maine.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....443905-96.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Dark brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
John Twardus, Haymarket, N. H.
George Turner, Abington, Mass
George Townsend, Woodland, Me.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles St George
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles St George
AS APPEARS ON THE SERVICE ROLL

Date of Birth 10 (DAY) Dec. (MONTH) 1894. (YEAR)

Place of Birth Amesbury (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 27 Lewis (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE)

Place of Residence at Present Time 27 Lewis (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 6, 1918

Date and Place Where Mustered In or Reported for Duty Sept 6, '18 Syracuse N.Y.

Give Government Identification Tag Number 4903331

Co., Regt., Ship, or Service, First Assigned to and Date
104th Co. Syracuse, N.Y.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
4th Casual Co.
13th " " 1st Regt.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Augusta, Ga

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan 25, 1919.....

Where Discharged from Service .....Camp Hancock, Ga.....

For What Reason Discharged from Service.....Disability.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Concrete worker

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Daniel St George, Canton.

Name of Mother and Place of Residence.....Mary.....".....".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....135 lbs.

Your Height in Feet and Inches.....5' 4½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Dark brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George St. George
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Lewis St., Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Malcolm Alonzo Sanford
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Malcolm Alonzo Sanford
AS APPEARS ON THE SERVICE ROLL

Date of Birth 20 Oct. 1892
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Independence, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Independence, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, July 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Charlestown Navy Yard

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Navy

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Chief yeoman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Navy Yard - Boston

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....June 1919.....

Where Discharged from Service .....Charlestown Navy Yard.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Bank Clerk

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence..Alonzo P. Sanford, Canton

Name of Mother and Place of Residence..Lydia A. " "

Are You Without the Foregoing Relatives in This Country .....No

If So. Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ....142 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ernest Seaman
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Ernest Seaman
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 Oct. 1891
DAY MONTH YEAR

Place of Birth Pugwash Nova Scotia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 646 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 9 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 20, 1917

Date and Place Where Mustered In or Reported for Duty Sept 20, 1917

Give Government Identification Tag Number 1912673

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302 Inf.
Camp Devens, Sept 20, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 4th Co.
1st. Training Batt. 157 Depot Brig.
Co. D. 1st Develop. Batt. Co. B. 1st. Inf. Reg.

Rank While in Service Private: Corporal: Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass.
Camp Gordon, Ga.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service....Dec. 19, 1918.....

Where Discharged from Service .....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Motorman.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Maude Grafton

Date and Place of Marriage to Wife (or Wives).....Canton, April 30, 1919

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Andrew Seaman, Pugwash, N.S.

Name of Mother and Place of Residence.....Margaret " " " "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

James Seaman, 7 Depot, Fitchburg, Mass

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....137 lbs.....

Your Height in Feet and Inches.....5' 6 1/4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Dark brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Nochem Semer
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 (DAY) Aug. (MONTH) 1893 (YEAR)

Place of Birth Bug Kaunnea (CITY OR TOWN) Russia (STATE OR COUNTRY)

Place of Residence When Entering the Service 58 Tolman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass. (STATE)

Place of Residence at Present Time 73 Ave "C" (STREET AND NUMBER) New York, (CITY OR TOWN) N.Y. (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass

Date and Place Where Mustered In or Reported for Duty Sept 6, 1918

Give Government Identification Tag Number 4903792

Co., Regt., Ship, or Service, First Assigned to and Date 103 Co. 25 Recruit Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Camp Hancock, Ga., Oct 27.
Sheffield, Ala. Ordnance Dept. Nov 1,

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Syracuse, N.Y.
Sheffield, Ala

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....March 26, 1919.....

Where Discharged from Service .....Muscle Shoals, Ala.....

For What Reason Discharged from Service..Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Moodusch Semer, Russia

Name of Mother and Place of Residence.....Anna.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

May Semer, Benny Semer,
18 Second, Auburn, Maine.

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....138 lbs.

Your Height in Feet and Inches.....5'2"

Your Complexion—White or Colored .....Dark

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

R. Gordon, Canton, Mass

Max Meyers, Boston, "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John George Shaw
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John George Shaw
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 April 1889
DAY MONTH YEAR

Place of Birth Dewsbury England
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 614 Chapman, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Canada

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

D. Co. 41st Batt. C. E. F.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service

Niagara-on-Lake Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....Canadian.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....Quebec.....

Date of Arrival Overseas .....

Port of Arrival Overseas.....Plymouth, Eng.

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single ..... Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence George W. Shaw England

Name of Mother and Place of Residence Betsey " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored ..... White .....

Color of Your Eyes..... Blue .....

Color of Your Hair ..... Brown .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death June 13, 16 Reported missing

Give Place of Death and Place of Burial Ypres - Lille - beck

Give Burial Lot Number No.

Any Monument or Headstone Marked to Deceased Where Buried No.

Any Memorial for Deeeased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Left Dover, Eng. for France, May 5, 1916.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Russell Westcott Shaw
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 August 1892
DAY MONTH YEAR

Place of Birth Central Grove, Digby N. S.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 39 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Sharon, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 5, 1917.

Date and Place Where Mustered In or Reported for Duty Oct 8, 1917.

Give Government Identification Tag Number 1922751

Co., Regt., Ship, or Service, First Assigned to and Date
Co. K. 302 Inf. Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 3th Co.
1st. Training Batt. 157 Depot Brig.
Co. C. 514 Engineers Service Batt.

Rank While in Service Private. Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass
Camp Gordon, Ga. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Newport News, Va.

Date of Arrival Overseas May 13, 1918

Port of Arrival Overseas Bordeaux

Date and Ship Sailed Returning Home May 13, 1917 Von Steuben

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 6, 1917

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Challon, France July 6, '18. Camp Gordon, Dec. 19, 1917.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Milk Dealer.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).Beatrice Andrews

Date and Place of Marriage to Wife (or Wives).....Sharon, Mass

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence John J. Shaw, Nova Scotia

Name of Mother and Place of Residence.Effie Westcott, " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....No.

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....154 lbs.

Your Height in Feet and Inches.....5' 8 1/4"

Your Complexion—White or Colored .....Light

Color of Your Eyes.....Blue

Color of Your Hair .....Blond

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Fred P Allen, New York

Andrew Brocheau, New Hartford, Conn.

Lawrence Stilson, Brockton, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Francis Shea
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John Francis Shea
AS APPEARS ON THE SERVICE ROLL

Date of Birth 26 September 1892
DAY MONTH YEAR

Place of Birth Elmira N. Y.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 19 Crane, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 112 1/2 North, Salem, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Oct 4, 1917. Salem, Mass

Date and Place Where Mustered In or Reported for Duty Oct 4, Camp Devens

Give Government Identification Tag Number 1675878

Co., Regt., Ship, or Service, First Assigned to and Date 17th. Co. 5th Bn. Depot Brig. Camp Devens, Oct 4, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Medical Detach: June 7, 1918
Camp Devens, Mass

Rank While in Service Private, Sgt Med. Det.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....July 19, 1919.....

Where Discharged from Service .....Camp Devens, Mass.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service Manager Grocery Store

Married or Single Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Dan J. Shea W. Fifth, So. Boston

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy No

Give Number of Policy.....

What Was Your Weight When Entering the Service 126 lbs.

Your Height in Feet and Inches 5' 6"

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Light Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph Kelley, Litchfield, Conn

George Alquim, Hardy, Salem, Mass

Thomas O'Brien, Greenfield, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David William Sheehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name David William Sheehan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 March 1891
DAY MONTH YEAR

Place of Birth Brockton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 479 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 479 Wash, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton April 27, 1918

Date and Place Where Mustered In or Reported for Duty Apr. 27 Camp Devens

Give Government Identification Tag Number 1692597

Co., Regt., Ship, or Service, First Assigned to and Date 24th. Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates
304th. Inf. Co B. Special Duty. Army School of the Line

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Talthybius, July 8, '18

Port Sailed From for Overseas Charlestown

Date of Arrival Overseas July 23, 1918

Port of Arrival Overseas Southampton

Date and Ship Sailed Returning Home March 3, '19 Mt Vernon

Port Sailed from Returning Home Brest

Date of Arrival from Overseas March 11, '19

Place of Arrival in United States New York

Important Places Where Stationed Overseas Langres

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 5, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.David Sheehan (Deceased)

Name of Mother and Place of Residence.Hannah " Canton

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....164 lbs.....

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Sawyer Shorter
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William S. Shorter
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 January 1886
DAY MONTH YEAR

Place of Birth Skipton, Yorkshire, England
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 271 Walpole, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 271 Walpole, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston. June 8, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 8, 1917

Give Government Identification Tag Number 1027

Co., Regt., Ship, or Service, First Assigned to and Date

Co. B. Mc Lean Kilties, 236th Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

13th Canadian Railway Troops

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

Imperial Territorials

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas Montreal.

Date of Arrival Overseas Nov 28, 1917

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Metagamia Apr. 23, 1919

Port Sailed from Returning Home Liverpool

Date of Arrival from Overseas May 3, 1919

Place of Arrival in United States Quebec

Important Places Where Stationed Overseas Seaford, Purfleet

Liverpool, Boston - Eng

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place 7th. Can. Gen. Hosp.

Etaples, France. Aug 3, 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 3, 1919

Where Discharged from Service Quebec

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Painter & Decorator.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives)...Nellie Roe.....

Date and Place of Marriage to Wife (or Wives)....Mar. 23, 18. Slough Bucks, Eng.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence...Arthur J. Shorter, Yorkshire, Eng

Name of Mother and Place of Residence...Emily " " "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ...135 lbs.....

Your Height in Feet and Inches.....5'5½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Hazel.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

E. J. Trunks, Montreal

Walter Greenwood, Ontario, Canada

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

In the Hospital, Etaples, when Germans bombed hospitals, getting 1800 casualties in one week, May 3, '18. One hospital was completely cleaned out. I was blown out of a shallow trench by an aerial bomb.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Clayton C. Sidelinger
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Clayton C. Sidelinger
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 (DAY) January (MONTH) 1896 (YEAR)

Place of Birth Lynn, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Kenney, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time McLean Hosp. (STREET AND NUMBER) Waverly, (CITY OR TOWN) Mass (STATE).

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, April 26, 1918

Date and Place Where Mustered In or Reported for Duty Canton

Give Government Identification Tag Number 1692589

Co., Regt., Ship. or Service, First Assigned to and Date 301st Infantry

Other Regiments, Ships or Branches of Services, Transferred to and Dates
4th. U. S. Engineers.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Cedric

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas July 16, 18

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Von Steuben, July 23, '19

Port Sailed from Returning Home Brest

Date of Arrival from Overseas July 30, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas St Agnain, Angers, Ramfort, Vignot, Coblenz, Ger.

Participated in What Battles and Dates of Same

St Mihiel Sept 12-16, '18. Meuse Argonne Sept 26-Oct 18, '18 Army of Occupation Nov 17, '18 - July 10, '19.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service August 5, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Sailor.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Deceased.....

Name of Mother and Place of Residence.....Tuanida Lidelinger, Mattapan

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....136 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Bard D. Berry, Galesburg, Ill.

Victor Spice, Bath, Me.

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Simons
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Simons
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 March 1890
DAY MONTH YEAR

Place of Birth Boston Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 33 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 33 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 15, '18

Give Government Identification Tag Number 2797420

Co., Regt., Ship, or Service, First Assigned to and Date Rhode Island State College, Inf. Training Detach.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd Casual Detach. 37th Regt. Artillery, Battery A., C.A.C.

Rank While in Service Corporal.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Kingston, R.I. Fort Hancock, N.J. Fort Eustis Va. Ft. Michie, N.J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....March 20, 1919.....

Where Discharged from Service ..Ft. H. G. Wright, N.J.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Cable Splicer, N.E. T+T. Co.

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Lea E. Blanc.....

Date and Place of Marriage to Wife (or Wives) April 27, '16 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

William L. Canton, May 31, 1917.

.....

Name of Father and Place of Residence.....William J. Simons (Deceased)

Name of Mother and Place of Residence.....Katherine.....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

John J. Simons, Dorchester, Mass.

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....3345904.....

What Was Your Weight When Entering the Service .....128 lbs.....

Your Height in Feet and Inches.....5' 4½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Alfred Nadarette, Pawtucket, R.I.

Harold Wright, Back Bay, Boston, Mass

John Crowell, New London, Conn.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Wentworth Simpson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles Wentworth Simpson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 16 (DAY) May (MONTH) 1895 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment Nov 20, '17 Canton

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Camp Devens, Nov 20, '17

Give Government Identification Tag Number 1675904

Co., Regt., Ship, or Service, First Assigned to and Date 29th Co. 8th Batt. Depot Brig. Nov 25. 5th Batt. Jan 1, '18. 6th Batt., Mar 12.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Base Veterinary Hospital #1 April 12, '18

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Caritsa, April 16, '18

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas April 28, '18

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home May 28, '19 Pres Grant

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 9, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Nievre

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Aug 16-22, '18 Camp Hospital #28. Mass. Hosp. Center. Aug 22-Sept 23, '18

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 17, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Jonathan E. Simpson, Canton

Name of Mother and Place of Residence Emma B. " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....56 8270

What Was Your Weight When Entering the Service .....126 1/2 lbs

Your Height in Feet and Inches.....5' 10 1/2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Luther Skehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James L. Skehan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 (DAY) April (MONTH) 1899 (YEAR)

Place of Birth Rockland (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 22 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 22 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 2, '18 Ft. Slocum, N.Y.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 19, 1918.

Give Government Identification Tag Number

Co., Regt., Ship. or Service, First Assigned to and Date
Headquarters Co. 1st Field Artillery

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery E.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Sill, Oklahoma

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....March 22, 1919.....

Where Discharged from Service .....Camp Dix, N.J.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Knitter.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence James P. Skehan, Canton

Name of Mother and Place of Residence Grace L. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Franklin B. Cobb. Canton, Mass

Ronald Tracy. Gorham, Me.

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John Melvin Skehan
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John M. Skehan
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 February 1898
DAY MONTH YEAR

Place of Birth Rockland Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 22 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 22 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 18, 1917. Boston, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 19, '17 Ft Slocum, N.Y

Give Government Identification Tag Number 1550359

Co., Regt., Ship, or Service, First Assigned to and Date
Headquarters Co 76th F. A.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery A, 76th F. A. – back to Headquarters.

Rank While in Service Corp. Sergt. Batt. Sergt. Maj.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft Ethan Allen, Camp Shelby, Camp Merritt, Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada April 22, '18. Mercury

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas May 6, '18

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Dec 7, '18. Mani

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas Dec 17, 1918

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Guer, Coetquindan,

Participated in What Battles and Dates of Same Chateau Thierry July 6–Aug 2, '18. St Mihiel, Sept 8–20, 1918. Meuse–Argonne, Sept 14–Oct 14, 1918.

Wounded or Other Injuries Received in Action, Place and Date Wounded by shell on leg Oct 14, '18. Argonne Forrest.

If Confined in Hospital, During What Time and Place Oct 14–Nov 1, Verdun. Nov 1–Dec 7 Base Hosp. #114, Bordeaux, Camp Devens, Dec 29, '

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service March 13, 1919.

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Bank clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....James P. Skehan, Canton.....

Name of Mother and Place of Residence.....Grace L. " .....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....149 lbs.....

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles Rupert, Hyde Park, Mass

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Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Clarence Leon Southworth
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 11 June 1891
DAY MONTH YEAR

Place of Birth Malden Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 32 Sherman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Pre ent Time 67 Lawrence, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, June 4, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Hingham

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. N. R. B.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Chief Yeoman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hingham
Boston Navy Yard

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 11, 1918.....

Where Discharged from Service .....Boston Navy Yard.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Paymaster

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives)...Esther Meadows

Date and Place of Marriage to Wife (or Wives).....Oct 14, '16 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

Albert W. Canton. May 12, 1917

Marjorie " Feb 15, 1919

Name of Father and Place of Residence...Winslow B. Southworth, Malden

Name of Mother and Place of Residence....Emma " "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....35-29359

What Was Your Weight When Entering the Service .....155 lbs

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Malcolm Sanford, Canton, Mass.

William Simons, " "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Karl Standish
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Karl Standish
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 June 1890
DAY MONTH YEAR

Place of Birth Stoughton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 48 Lawrence, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 48 Lawrence, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted. Boston

Date and Place of Enlistment June 15, 1917. Commonwealth Armory

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 15, 1917. Boston

Give Government Identification Tag Number 133297

Co., Regt., Ship, or Service, First Assigned to and Date
Battery A. 1st Mass. Artillery, N. G.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Battery A.
Supply Co. Headquarters Co. 101st. F. A.

Rank While in Service Private Corp. Sergt. Reg. Serg Maj

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 9, 17 Adriatic

Port Sailed From for Overseas New York

Date of Arrival Overseas Sept 23, 1919

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home March 31, 1919. Mongolia

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 10, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Liverpool, Chemin des Dames, Toul, Chateau Thierry, St Mihiel, Verdun, Le Mans.

Participated in What Battles and Dates of Same Chemin des Dames, Feb-Mar 1918. Toul. Chateau Thierry 2nd Battle Marne. St Mihiel. Argonne.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Etretat, Oct 1917. Coetquidan, Oct 1918. 103rd Field Hosp. June 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 29, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Printer

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives).....Mary E. Bullock

Date and Place of Marriage to Wife (or Wives).....Nov. 10, '10 Stoughton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Lemuel W. Standish, Melrose

Name of Mother and Place of Residence.....Nettie A. " (Deceased)

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....1668369

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Joseph I. Abbott, Boston, Mass

Guy H. Ritcherson, Lynn, " "

Richard H. Miller, Marlboro St, Boston.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Serving in Battery A, 1st Sect. 101st. D. A. when first shot by U. S. N. G. was fired against Germans.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Everett Gerald Stevens
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Everett G. Stevens
AS APPEARS ON THE SERVICE ROLL

Date of Birth 14 (DAY) May (MONTH) 1894 (YEAR)

Place of Birth Merrimac (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 121 High Rock, Lynn, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 121 High Rock, Lynn, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Westfield, Mass. Oct 30, 1917

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 30, 1917

Give Government Identification Tag Number 1227936

Co., Regt., Ship, or Service, First Assigned to and Date 8th Mass. Reg't Hospital Detach.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
5th Pioneers, Reg't – Hospital Corps
62nd Pioneer Reg't.

Rank While in Service Private. Sergeant.

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Greene, Camp Wadsworth, Camp Bartlett.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service ....Camp Devens, Mass....

For What Reason Discharged from Service....Demobilization....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Druggist.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Lorenzo G. Stevens, Lynn, Mass

Name of Mother and Place of Residence.....Emma R. " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....140 lbs.....

Your Height in Feet and Inches.....5' 4"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Hazel.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Augustus Lane, West Lynn, Mass.

Victor Anderson, Brockton, "

Earl Nabls, Niagara Falls, N.Y.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Charles Frank Stewart
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Charles Frank Stewart
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30th (DAY) October (MONTH) 1886 (YEAR)

Place of Birth Topsfield (CITY OR TOWN) Maine (STATE OR COUNTRY)

Place of Residence When Entering the Service 793 Washington St (STREET AND NUMBER) Canton (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Berry Street (STREET AND NUMBER) - Plainville (CITY OR TOWN) - Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment —

Date and Place Where Drafted May 21, 1918

Date and Place Where Mustered In or Reported for Duty Camp Upton, New York

Give Government Identification Tag Number 3193254

Co., Regt., Ship. or Service, First Assigned to and Date 27 Company, 152nd Depot Brigade

Other Regiments, Ships or Branches of Services, Transferred to and Dates 129th Supply Company, Quater Masters' Corps

Rank While in Service Sergeant - 1st class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment Aug. 25, 1918

If Not Overseas, Where Stationed While in Service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

American Expeditionary Force

If so, Date and Ship from the United States or Canada Sept. 11, 1918 U.S.S. Zeelandia

Port Sailed From for Overseas Newport News - Virginia

Date of Arrival Overseas Sept. 25 - 1918

Port of Arrival Overseas Brest, France

Date and Ship Sailed Returning Home June 2, 1919 U.S.S. Arcadia

Port Sailed from Returning Home Bordeaux American Docks

Date of Arrival from Overseas June 16 - 1919

Place of Arrival in United States Newport News - Virginia

Important Places Where Stationed Overseas Bordeaux

Participated in What Battles and Dates of Same .....

Wounded or Other Injuries Received in Action, Place and Date .....

If Confined in Hospital, During What Time and Place October 1 to October 10th 1918

February 1919 - 10 days

If Prisoner by Enemy, Date and Place of Capture .....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

When Discharged from Service June 22, 1919

Where Discharged from Service Camp Lee - Virginia

For What Reason Discharged from Service Special Order Hdqrs. Camp Lee

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Charles P. Stewart - Plainville - Mass.

Name of Mother and Place of Residence.....Augusta G. Stewart ..... " .....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service ...158 lbs.....

Your Height in Feet and Inches.....5 ft. 8½ inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ..Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Ira Lorenzo Stoddard
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Ira Lorenzo Stoddard
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 December 1890
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Royal, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Royal, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, July 22, 1918

Date and Place Where Mustered In or Reported for Duty Camp Devens, July 22.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date

Co. D 35th Machine Gun.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Jan. 28, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Farming.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Lorenzo Stoddard (Deceased)

Name of Mother and Place of Residence...Martha ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....No.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....110 lbs.....

Your Height in Feet and Inches.....5' 2"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Stott.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 August 1889
DAY MONTH YEAR

Place of Birth Lawrence Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 2503 Ohio Ave, Cinn. Ohio
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, May 28, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 1, Ft Strong.

Give Government Identification Tag Number 10762

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. B. H. #6.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 10, 17

Port Sailed From for Overseas New York

Date of Arrival Overseas July 24, '17

Port of Arrival Overseas La Havre

Date and Ship Sailed Returning Home Mar. 1919. Antigone

Port Sailed from Returning Home New York

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas Talance

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 9, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Financial Advertising

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).E. Marshall McPhate

Date and Place of Marriage to Wife (or Wives).....Lawrence, Aug 20, 1913

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Hartley Stott, N. Andover.

Name of Mother and Place of Residence.....Elizabeth " " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....122 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Light

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

P. A. Wilson, Wrentham, Mass

Herman Healey, Boston, Mass

Myron Kimball, Lawrence, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Twenty months, to a day, on French soil, with not a day's leave of absence or furlough.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harold E. Strickland
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harold E. Strickland
AS APPEARS ON THE SERVICE ROLL

Date of Birth 28 (DAY) July (MONTH) 1897 (YEAR)

Place of Birth Dedham, (CITY OR TOWN) Mass. (STATE OR COUNTRY)

Place of Residence When Entering the Service Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Pre ent Time Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Aug. 3, 1918. Ft. Strong.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug. 3, 1918.

Give Government Identification Tag Number 2454522.

Co., Regt., Ship, or Service, First Assigned to and Date 21st. Co. 5th. Detach. Sept. Replacement, C.A.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters Co. 55th. C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft. Strong, Boston.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 23, 18 Mongolia

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 6, 1918

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Cretic Jan 10, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Jan 23, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital. During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Feb. 9, 1919

Where Discharged from Service Ft Wright, N.Y.

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Mechanic

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Elwin A. Strickland, Canton

Name of Mother and Place of Residence.....Etta ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....154 lbs

Your Height in Feet and Inches.....5' 8 1/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lavra Thornton Sumner
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Lavra Thornton Sumner
AS APPEARS ON THE SERVICE ROLL

Date of Birth 5 March 1897
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 126 Chapman, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 126 Chapman, " "
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 29, 1918, Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 8, 1918

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
Co. B. Blue Jacket Guards, U. S. N. R. F.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Hisko.

Rank While in Service Seaman 2/c — 1/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport, R.I.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
Naval Overseas Transportation Service

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Nov 1, 1919.....

Where Discharged from Service .....Brooklyn, N.Y.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Wool business

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Frank D. Sumner, Canton.

Name of Mother and Place of Residence.....Edith S. ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....T. 2446830

What Was Your Weight When Entering the Service .....154 lbs.

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Wm. Lynden, 58 Dundee, Boston, Mass

Oliver Evans, Div Ave, Detroit, Mich.

Albert Le Blanc, Channell, New Orleans, La.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission Be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Swardlick
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward Swardlick
AS APPEARS ON THE SERVICE ROLL

Date of Birth 15 (DAY) May (MONTH) 1897 (YEAR)

Place of Birth (CITY OR TOWN) Russia (STATE OR COUNTRY)

Place of Residence When Entering the Service 40 Tolman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 40 Tolman, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 16, 1918 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 30th. Co. 1st. Reg't Unit 76.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 6th. Reg't Co 610. Unit 76.

Rank While in Service Seaman 2/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Hampton Roads

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 31, 1919.....

Where Discharged from Service .....Hampton Roads.....

For What Reason Discharged from Service.....Dependency.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Max Swardlick, Canton

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....371697.....

What Was Your Weight When Entering the Service .....135 lbs.....

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Light.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Louis Danovitch, Canton, Mass

David Meyers, " "

May Zieldman, " "

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Calvert James Sweet
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Calvert James Sweet
AS APPEARS ON THE SERVICE ROLL

Date of Birth 5 November 1895
DAY MONTH YEAR

Place of Birth Portland Me.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Pine, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 21 Pine, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston Navy Yard, Nov 10, '17

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Dec 5, '17 Boston

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Bureau of Navigation, U.S.N.R.F.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Rec. Ship, Phil. May 3, '18 Adm. Sim's Office, London, June 14, 1918. Air Station, Eastleigh, Feb. 8, '19. "Patricia" Mar. 27, '19

Rank While in Service Yeoman 1/c Chief Yeoman

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Washington, D.C. Philadelphia. Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes American

If so, Date and Ship from the United States or Canada Standard Arrow, May 21, 18

Port Sailed From for Overseas New York

Date of Arrival Overseas June 3, 1918

Port of Arrival Overseas S. End on Thames

Date and Ship Sailed Returning Home Patricia May 23 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas June 3, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas London, Paris, Dunkirk, Eastleigh, Antingnes

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date Injured in auto accident, St Inglebert, Fr. July 5, 1918

If Confined in Hospital, During What Time and Place St Inglebert, July 5 – Aug 15, 1918

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 8, 1919

Where Discharged from Service New York

For What Reason Discharged from Service By request

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerical Work

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Jack C. Sweet (Deceased)

Name of Mother and Place of Residence.....Gertrude " Canton

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....123 lbs.

Your Height in Feet and Inches.....5' 8"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Frank A. Kennedy, Winthrop, Mass

Wm. P. Kennedy, So. Boston, "

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Ellery Sweet
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William Ellery Sweet
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 January 1900
DAY MONTH YEAR

Place of Birth Portland Maine
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 21 Pine, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 21 Pine, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 31, 1918 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Parris Is. S.C. Nov 2, '18

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 418th Co. Batt. W. U. S. M. C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Marine Detach. "Oklahoma"

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Parris Is. S.C.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 11, 1919.....

Where Discharged from Service .....Norfolk, Va.....

For What Reason Discharged from Service.....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence..Jack Sweet (Deceased)

Name of Mother and Place of Residence..Gert. E. " Canton

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....T. 4420891.....

What Was Your Weight When Entering the Service .....145 lbs.....

Your Height in Feet and Inches.....5' 8 1/2"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Winfield B. Linville, Lovena, Tex.
Charles S. Watt, Western Springs, Ill

Have You a Photograph of Self, in Service Uniform, to Give Town ....No.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

Oklahoma escorted Pres. Wilson across in July 1919.

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Joseph Swiskene
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth.....
DAY MONTH YEAR

Place of Birth.....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service.....
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time.....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

.....

.....

Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service.....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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Resident of Canton but short time

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Sherwood Holmes Taber
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Sherwood H Taber
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31st (DAY) August (MONTH) 1894 (YEAR)

Place of Birth Stoneham (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 299 Washington St (STREET AND NUMBER) Canton (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Fort Randolph (STREET AND NUMBER) Canal Zone (CITY OR TOWN) (STATE)

~~Enlisted or Drafted~~ Appointed 2nd Lieut Coast Artillery Corps Aug. 9. 1917

Date and Place ~~of Enlistment~~ Taking oath of acceptance, Aug 24. 1917 Canton Mass.

Date and Place Where Drafted ——

Date and Place Where ~~Mustered In or~~ Reported for Duty Sept 3. 1917 Fortress Monroe Va.

Give Government Identification Tag Number None

Co., Regt., Ship, or Service, First Assigned to and Date 2nd Training Corps Coast Artillery Corps Fortress Monroe Va. Sept 3. 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Dec 15. 1917 to Oct 15. 1918 Coast Defenses of Narragansett Bay
Oct 16. 1918 " Feb 12. 1919 59th Ammunition Train

Rank While in Service 2nd Lieut C.A.C 1st Lieut C.A.C Capt C.A.

If Commissioned Officer Give Date of Commission 2nd Lieut 8/9/17 1st Lieut 8/9/17 Capt 2/13/18

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Sept 3/17 to Nov 27/17 Fortress Monroe Va.
Dec 15/17 to June 15/18 Fort Greble, R.I., June 16/18 to Feb 12/19 Fort Adams, R.I.
Feb. 12/19 to present, Fort Randolph, Canal Zone

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas None

If so, Date and Ship from the United States or Canada

Port Sailed From for Overseas

Date of Arrival Overseas

Port of Arrival Overseas

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any Federal Training Camp Plattsburg 1916 July 5 to Aug. 8

When Discharged from Service Not discharged

Where Discharged from Service —

For What Reason Discharged from Service —

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.Everett Sherwood Taber, Canton, Mass.

Name of Mother and Place of Residence.Elizabeth Ann Taber " "

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....Unknown.....

What Was Your Weight When Entering the Service ...125 lbs.....

Your Height in Feet and Inches.....5 ft. 5½ inches.....

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ...no.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Original commission awarded as result of competitive examination for admission to Regular Army held at Cambridge Mass. April 23 - 1917

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Arthur Jeremiah Taylor
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Arthur J. Taylor
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 August 1896
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 39 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 39 Washington, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Sept 3, 1918

Date and Place Where Mustered In or Reported for Duty Sept 3, 1918

Give Government Identification Tag Number 4192136

Co., Regt., Ship, or Service, First Assigned to and Date 19th Co. 5th Batt. 151st Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery B. 33rd. C. A. C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Camp Eustis, Ft Andrews, Ft Strong

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 23, 1919.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Automobile mechanic

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....James C. Taylor, Canton

Name of Mother and Place of Residence.....Susanna " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....3835929

What Was Your Weight When Entering the Service .....143 lbs.

Your Height in Feet and Inches.....5' 1¼"

Your Complexion—White or Colored .....

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Northend Tenney
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William N. Tenney
AS APPEARS ON THE SERVICE ROLL

Date of Birth 17 February 1869
DAY MONTH YEAR

Place of Birth Georgetown Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 756 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 756 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Com. Offficer. Aug. 5, 1917

Date and Place Where Mustered In or Reported for Duty July 31, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Com. Off. Mar 27, '17
B. Hosp. #1. 101st Field Hosp.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Vost. Corps
Surg. 1st Army Corps Feb. 1918. Regt Surg.
2nd Eng. Sept 1918. Arrivs Nov '18. Brest, July 3, '19.

Rank While in Service Major

If Commissioned Officer Give Date of Commission March 27, 1917

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Henry Mallory, Sept 7, 1917

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Aug 3, '19 Imperator

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Aug 10, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas St Nazaire, Bazailles-Meuse, Liffol-le-Grand, Langres-Neufchateau, Chateau Thierry-Villeneaux, Ardennes, St Malo

Participated in What Battles and Dates of Same

2nd Marne - Chateau Thierry, July-Aug, 1918

St Mihiel, Sept 1917.

Champagne Sept-Oct 1918.

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

Nat Guard, Mass 1889-90 1909-1917.

When Discharged from Service August 26, 1919

Where Discharged from Service Camp Dix

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service ..... Physician

Married or Single ..... Married

If Ever Married, Maiden Name of Wife (or Wives) ..... Grace L. Holmes

Date and Place of Marriage to Wife (or Wives) ..... Aug. 12, '96 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You ..... No

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

Constance, Canton, Apr. 28, '98. Marion, Canton, Nov. 12, '02. Rosamond, Canton, Apr. 14, '05

Name of Father and Place of Residence ..... Charles W. Tenney, Georgetown, Mass.

Name of Mother and Place of Residence ..... Sarah " " "

Are You Without the Foregoing Relatives in This Country ..... (Deceased)

If So, Have You a Brother or Sister Here ..... Yes

And if so, Give Full Name and Address of Either or Both .....

Boyd Tenney, Winthrop, Mass

.....

Have You a War Risk Insurance Policy ..... Yes

Give Number of Policy ..... T. 551676

What Was Your Weight When Entering the Service ..... 138 lbs

Your Height in Feet and Inches ..... 5' 6"

Your Complexion—White or Colored ..... White

Color of Your Eyes ..... Blue

Color of Your Hair ..... Dark

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Robert F. Woods, U. S. Army .....

James F. Hall, " " " .....

S. C. Hardwick, M. D. Quincy, Mass .....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Arthur Wendell Thomas
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Arthur W. Thomas
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 March 1897
DAY MONTH YEAR

Place of Birth Canton, Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 96 Prospect, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Deceased
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted Nov 1914

Date and Place of Enlistment Re-enlisted 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Mar. 25, 17 Camp McGuinness

Give Government Identification Tag Number 63102

Co., Regt., Ship, or Service, First Assigned to and Date 101st Inf. 26th Div. Mar 25, 1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Supply Co. 101st Inf.

Rank While in Service Cook

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Sept 8, '17 Adriatic

Port Sailed From for Overseas New York

Date of Arrival Overseas Sept 1917

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home

Port Sailed from Returning Home

Date of Arrival from Overseas

Place of Arrival in United States

Important Places Where Stationed Overseas Rubenville, Chesney, Meu-le-Tour

Participated in What Battles and Dates of Same Chemin des Dames Feb 1918. Toul Apr. 1918. Chateau Thierry July 1918. Verdun Oct 1918 Argonne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

Mass Nat. Guard, Mexico, 1916

When Discharged from Service

Where Discharged from Service

For What Reason Discharged from Service

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather Worker

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Thomas J. Thomas, Canton

Name of Mother and Place of Residence.....Mary ..... " ..... (Deceased)

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....155 lbs.

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Wm Brown, Cohasset, Mass

Richard Butler, So Boston

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death Dec 22, 1918

Give Place of Death and Place of Burial.... La Bourboule, France

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried Flag in Canton Cemetery

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

George E. Thomas, Canton, Mass

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Edward Thomas
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George E. Thomas
AS APPEARS ON THE SERVICE ROLL

Date of Birth 12 December 1891
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 96 Prospect, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 62 Messinger, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 10, '17 Charlestown

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 10, '17 Boston

Give Government Identification Tag Number 63093

Co., Regt., Ship, or Service, First Assigned to and Date
5th Mass, Supply Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Supply Co. 101st. Inf.

Rank While in Service Wagoner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Newport News
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Ellorentia Nov 10, '17

Port Sailed From for Overseas Newport News

Date of Arrival Overseas Dec 7, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Mar 28, '19 America

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 5, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas

Rubenville, Chesney, Meu le Toul

Participated in What Battles and Dates of Same Chemin de Dames Feb '18. Toul April 1918. Chateau Thierry July 1918. Verdun, Oct 1918. Argonne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Leather finisher

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Martha D. Miller

Date and Place of Marriage to Wife (or Wives).....Norwood, Dec 10, '19

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Thomas J. Thomas, Canton

Name of Mother and Place of Residence.....Mary " (Deceased)

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.....

Your Height in Feet and Inches.....5' 4 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Alton Carter, Cambridge, Mass

Wm Golden, Dorchester, Mass

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Walter Francis Titus
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Walter F. Titus
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 (DAY) June (MONTH) 1893 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 1306 Wash. (STREET AND NUMBER) Canton (CITY OR TOWN), Mass. (STATE)

Place of Residence at Present Time 1306 Wash. (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment June 14, 1917 Boston.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Recruiting Sta. Boston June 14.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 7th Co. U. S. Navy, Electrical Class

Other Regiments, Ships or Branches of Services, Transferred to and Dates Mine laying forces, "Brandgenburg", "Louisville". Base 17—18

Rank While in Service Electrician 3/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Gloucestershire, Aug 12, '18

Port Sailed From for Overseas Halifax

Date of Arrival Overseas Aug 26, '18

Port of Arrival Overseas Glasgow

Date and Ship Sailed Returning Home May 22, '19 Louisville

Port Sailed from Returning Home Liverpool

Date of Arrival from Overseas June 1, '19

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Base #18 Inverness

Base #17 Almeas

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Influenza

Base 17 + 18 Hospitals

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service July 20, 1919

Where Discharged from Service Hingham

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Electrician

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.Frederick Titus, Canton.

Name of Mother and Place of Residence..Emma ".....".

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .142 lbs.

Your Height in Feet and Inches.....5' 10 3/4"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Rodney Reed, Colebrook, N. H.

Frederick Kinder, Marblehead, Miss.

J. W. West, Highland Ave Norfolk, Va

Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes.

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

In submarine, Aug. 1918, off coast of Ireland. Sank Arabic.

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Gilbert Tolman Jr.
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Gilbert Tolman, Jr.
AS APPEARS ON THE SERVICE ROLL

Date of Birth 23 December 1897
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 95 Rockland, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 95 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston Navy Yard, July 30, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Sept 4, Bumpkins Is.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date U. S. N. R. F.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Officers Material School, Dec 20, '18
Wakefield, Nov 22 - Dec 20, '18

Rank While in Service Apprentice Seaman, Ensign

If Commissioned Officer Give Date of Commission April 19, 1919

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Bumpkins Is.
Wakefield, Cambridge Officers School

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service....April 19, 1919.....

Where Discharged from Service ....Cambridge.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Gilbert Tolman, Canton

Name of Mother and Place of Residence.....Helen ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles P. Kimball, Cambridge, Mass

Frederick Lockwood, Manchester, N.H.

Scott Keith, Greenfield, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Villa May Treffrey Garner
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Villa May Treffrey
AS APPEARS ON THE SERVICE ROLL

Date of Birth 30th (DAY) September (MONTH) 1886 (YEAR)

Place of Birth Digby (CITY OR TOWN) Nova Scotia (STATE OR COUNTRY)

Place of Residence When Entering the Service 165 High St. (STREET AND NUMBER) Canton (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Meridian, (STREET AND NUMBER) Mississippi (CITY OR TOWN) Box 800 (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Sept 28 1917 Canton Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 3-1917 Camp Sevier Greenville, S.C.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Army Nurse Corp Oct 3-1917

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Army Nurse

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Sevier Greenville - S.C.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....March 14, 1919.....

Where Discharged from Service .....Camp Sevier, Greenville, S.C.

For What Reason Discharged from Service.....Illness at home

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service....Superintendent of hospital

Married or Single .....Single at time of service

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence Albert O. Treffrey, Bloomfield, Digby Co., Nova Scotia

Name of Mother and Place of Residence Charlotte S. Treffrey, " " " " "

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here....Two brothers

And if so, Give Full Name and Address of Either or Both John A. Treffrey, Washington
Willis H. Treffrey, Stratford, New Hampshire

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....T 725011

What Was Your Weight When Entering the Service ....120 lbs

Your Height in Feet and Inches.....5 ft. 2½ inches

Your Complexion—White or Colored .....White

Color of Your Eyes.....Gray

Color of Your Hair .....Blonde

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission Be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Nicholas G. Tsonos
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth 22 February 1893
DAY MONTH YEAR

Place of Birth Potokion Greece
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Howard, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 3½ Morris, Southbridge, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Mass

Date and Place Where Mustered In or Reported for Duty Aug. 31, 1918

Give Government Identification Tag Number 4146409

Co., Regt., Ship, or Service, First Assigned to and Date 7th Co. 2nd Batt. 152nd Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Upton, N. Y.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec. 3, 1918.....

Where Discharged from Service .....Camp Upton.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Laborer.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....George N. Tsonos, Greece.....

Name of Mother and Place of Residence.....Cath.....".....".....

Are You Without the Foregoing Relatives in This Country .....Yes.....

If So, Have You a Brother or Sister Here.....Yes.....

And if so, Give Full Name and Address of Either or Both .....

.....Costas Tsonos, P.O. Box 219, Southbridge.....

.....

Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....155 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Black.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....Yes.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name John J. Veale
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name John J. Veale
AS APPEARS ON THE SERVICE ROLL

Date of Birth 27 (DAY) July (MONTH) 1891 (YEAR)

Place of Birth Co. Waterford (CITY OR TOWN) Ireland (STATE OR COUNTRY)

Place of Residence When Entering the Service Randolph, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time Wrentham, (STREET AND NUMBER) Mass (CITY OR TOWN) (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted May 10, 1918. Canton, Mass

Date and Place Where Mustered In or Reported for Duty May 10, 1918.

Give Government Identification Tag Number 372994

Co., Regt., Ship, or Service, First Assigned to and Date
5th Machine Gun Co.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co C. 147th. Machine Gun Batt.
Co C. 320th. Machine Gun Batt. 82nd Div.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Hancock, Ga.
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 24, 1918

Port Sailed From for Overseas New York

Date of Arrival Overseas Aug. 1, 1918

Port of Arrival Overseas La Havre

Date and Ship Sailed Returning Home Dec. 10, 1918. Leviathan

Port Sailed from Returning Home Brest

Date of Arrival from Overseas Dec. 19, 1918

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas La Havre, St Agnain, Blois.

Participated in What Battles and Dates of Same

St Mihiel

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Oct 1 to Nov 14, Base # 8. Influenza

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Dec. 24, 1918

Where Discharged from Service Camp Upton

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....House man.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Patrick Veale, Ireland

Name of Mother and Place of Residence.....Nora.....".....".....

Are You Without the Foregoing Relatives in This Country .....Yes

If So, Have You a Brother or Sister Here.....Brother

And if so, Give Full Name and Address of Either or Both .....Address unknown.

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....141 1/2 lbs.

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Francis Walsh
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas Francis Walsh
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) June (MONTH) 1891 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 24 Ames Ave, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 24 Ames Ave, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted April 25, 1918 Canton

Date and Place Where Mustered In or Reported for Duty Camp Devens, Apr. 25.

Give Government Identification Tag Number 1692588

Co., Regt., Ship, or Service, First Assigned to and Date
24th. Co. 151st. Depot Brig.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Co. D. 301st. Inf. Co. C. 163rd. Inf.
Co. B. 167th. Inf.

Rank While in Service Private. Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens,
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada July 6, '18 Cedric

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas July 19, 1918

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home Apr 15, 1919 North Carolina

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 25, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Liverpool, Romsey, La Havre, Ossiray, St Amand, Montrichard, Brouvennes, Don Martin

Participated in What Battles and Dates of Same

St Mihiel, Sept 1918.

Wounded or Other Injuries Received in Action, Place and Date

St Mihiel, Sept 20, 1918

If Confined in Hospital, During What Time and Place

Base 43, Blois Sept 23 - Oct 20, 1918.

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 8, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Wool spinner

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....Michael Walsh (Deceased)

Name of Mother and Place of Residence.....Mary " Canton

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....130 lbs.

Your Height in Feet and Inches.....5' 6½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....
Willis Hefler, West Bridgewater, Mass
J. Albert Baker, Roanoke, Ala

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Francis Ward
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William F. Ward
AS APPEARS ON THE SERVICE ROLL

Date of Birth 20 February 1894
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 136 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 136 Rockland, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Charlestown Navy Yard

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty July 3, 1918. Hingham

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date
U. S. N. R.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
U. S. Navy (temporary)

Rank While in Service Chief Carpenter's Mate

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston Navy Yard, Hingham. New York Navy Yard

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service....Dec. 30, 1918.....

Where Discharged from Service ...Rec. Ship, Boston.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Production Engineer

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence..Michael J. Ward, Canton

Name of Mother and Place of Residence...Ellen ..... " ..... "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....150 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Black

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Edmund J. Brandon, Cambridge, Mass
Oscar A. Neumann, De Moines, Iowa
George T. Rowe, Scituate, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name George Frederick Weckbacker
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name George F. Weckbacher
AS APPEARS ON THE SERVICE ROLL

Date of Birth 29 November 1895
DAY MONTH YEAR

Place of Birth Brooklyn N.Y.
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 1803 Wash. Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 138 High Canton Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Inducted

Date and Place of Enlistment

Date and Place Where Drafted Somerville, Dec 18, 1917

Date and Place Where Mustered In or Reported for Duty Dec 18, '17

Give Government Identification Tag Number 580380

Co., Regt., Ship, or Service, First Assigned to and Date 1st. Co. C.A.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Battery D. 54th Art. C.A.C.

Rank While in Service Private Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft Revere - Hull, Mass
Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Mongolia, Sept 1917

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 26, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Vedic Feb 23, 1919

Port Sailed from Returning Home Brest

Date of Arrival from Overseas March 11, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Verdun, Chaumont, Toubvelant, Angier

Participated in What Battles and Dates of Same In zone of advance from Oct 6 – Nov 11, 1918

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service Mar 15, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Market man.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....Emilie Weckbacher, Canton

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....158 lbs.

Your Height in Feet and Inches.....5' 9½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Charles Connors, Haskell, Texas

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James L. Weldon
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth .....
DAY MONTH YEAR

Place of Birth .....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Eliot Street - Canton - Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time .....
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted .....

Date and Place of Enlistment .....

Date and Place Where Drafted .....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number .....

Co., Regt., Ship, or Service, First Assigned to and Date U. S. S. "Waterland"

.....

Other Regiments, Ships or Branches of Services, Transferred to and Dates .....

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Rank While in Service .....

If Commissioned Officer Give Date of Commission .....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service .....

.....

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....

Name of Mother and Place of Residence...Kate Weldon - Canton Mass...

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....Sister brother.....

And if so, Give Full Name and Address of Either or Both Mrs. Robert S. Draper Canton

.....Anthony Weldon Canton.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Norman Albert Wells
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Norman Albert Wells
AS APPEARS ON THE SERVICE ROLL

Date of Birth 1 (DAY) August (MONTH) 1894 (YEAR)

Place of Birth Chazy (CITY OR TOWN) N.Y. (STATE OR COUNTRY)

Place of Residence When Entering the Service 157 Mechanic, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 157 Mechanic, Canton, Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment April 30, 1917 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty June 29, '17. Boston

Give Government Identification Tag Number 184686

Co., Regt., Ship, or Service, First Assigned to and Date
Co. B. 101st. U. S. Engineers

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Headquarters Co-Band

Rank While in Service Private-Musician

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Andania Sept 26, '17

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Oct 9, 1917

Port of Arrival Overseas Liverpool

Date and Ship Sailed Returning Home March 27, 1919. Mt. Vernon.

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 4, 1919

Place of Arrival in United States Boston

Important Places Where Stationed Overseas Neuchanteau

Participated in What Battles and Dates of Same Toul, Cheman des Dame, Argonne, Chateau Thierry, St Michiel, 2nd Marne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place Base #18 Chaumont

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence.....Peter Wells, Chazy, N.Y.

Name of Mother and Place of Residence.....Mary " " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....143½ lbs.

Your Height in Feet and Inches.....5'7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Ralph Bolkins, Arlington, Mass

Milton Jardine, ...

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Have You a Photograph of Self, in Service Uniform, to Give Town ....No....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Herbert Hyman Wenesky
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Herbert H. Wenesky
AS APPEARS ON THE SERVICE ROLL

Date of Birth 2 August 1897
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 16 Lincoln, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Lincoln, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment July 10, '18 Ft Warren, Mass

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug 10, '18 Ft Warren

Give Government Identification Tag Number 2454281

Co., Regt., Ship, or Service, First Assigned to and Date Co #31 S.A.R.D. Unit #3 C.A.C.

Other Regiments, Ships or Branches of Services, Transferred to and Dates 2nd Co. 1st Batt. 151st Depot Brig. Battery C. 33rd C.A.C.

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Ft Warren, Ft. Andrews Camp Eustis, Va.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Dec 23, 1918.....

Where Discharged from Service .....Camp Devens.....

For What Reason Discharged from Service....Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Rubber worker.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....Joseph Wenesky, Canton

Name of Mother and Place of Residence.....Rebecca.....".....".....

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....No.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....124 lbs.....

Your Height in Feet and Inches.....5' 7"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Arthur Taylor Canton, Mass

.....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Chester J Wentworth
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name .....
AS APPEARS ON THE SERVICE ROLL

Date of Birth.....
DAY MONTH YEAR

Place of Birth.....
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Washington St - Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Washington St. Canton Mass.
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted.....

Date and Place of Enlistment.....

Date and Place Where Drafted.....

Date and Place Where Mustered In or Reported for Duty .....

Give Government Identification Tag Number.....

Co., Regt., Ship, or Service, First Assigned to and Date .....

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Other Regiments, Ships or Branches of Services, Transferred to and Dates.....

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.....

Rank While in Service.....

If Commissioned Officer Give Date of Commission.....

If Appointed Officer Give Date of Every Appointment .....

If Not Overseas, Where Stationed While in Service.....

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Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Lorra E. Wentworth - Deceased

Name of Mother and Place of Residence Evelyn T. Wentworth Canton - Mass.

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William James White
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William James White
AS APPEARS ON THE SERVICE ROLL

Date of Birth 31 December 1898
DAY MONTH YEAR

Place of Birth Canton Mass
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service 193 Pleasant, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Bailey, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Oct 21, 1916 Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 21, 1916, Boston

Give Government Identification Tag Number 171 8 8 12

Co., Regt., Ship, or Service, First Assigned to and Date "New York"

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service F 3/c, F 2/c, F 1/c, Water Tender

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....
British Grand Fleet

If so, Date and Ship from the United States or Canada N. Y. 1st trip Nov 23, '17.

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....Dec. 9, 1919.....

Where Discharged from Service .....Bremerton, Wash.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist apprentice

Married or Single .....Single.

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....John White, Bailey, Canton

Name of Mother and Place of Residence.....Margaret " " "

Are You Without the Foregoing Relatives in This Country .....No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....160 lbs.

Your Height in Feet and Inches.....5' 8½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Hazel

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Harold Larson, Indianapolis, Ind.

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Have You a Photograph of Self, in Service Uniform, to Give Town ..... Yes

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

Present at surrender of German Fleet

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Thomas Edward Whitty
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Thomas Edward Whitty
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) July (MONTH) 1892 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 66 Rockland, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 110 High, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Drafted

Date and Place of Enlistment

Date and Place Where Drafted Canton, Oct 5, 1917

Date and Place Where Mustered In or Reported for Duty Oct 8, '17. Camp Devens

Give Government Identification Tag Number 1676770

Co., Regt., Ship, or Service, First Assigned to and Date Co. K. 302nd Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates. Depot Brig. 14th. Co. 4th. Batt. Nov. 1917. 104th Inf. Headquarters Co. Class. Camp. 1st Depot Div.

Rank While in Service Private. Corp. Sergt

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Devens, Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Mt. Vernon Apr. 19, 1918.

Port Sailed From for Overseas New York

Date of Arrival Overseas April 28, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home March 27, 1919 Mt Vernon

Port Sailed from Returning Home Brest

Date of Arrival from Overseas April 4, 1919

Place of Arrival in United States Boston, Mass

Important Places Where Stationed Overseas St Aignan, France

Participated in What Battles and Dates of Same

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service April 28, 1919

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerk

Married or Single .....Married

If Ever Married, Maiden Name of Wife (or Wives)...Katherine Kelliher

Date and Place of Marriage to Wife (or Wives)..W. Stoughton. Nov 27, '19.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....No.

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence...Wm. F. Whitty, Canton

Name of Mother and Place of Residence...Annie " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs.

Your Height in Feet and Inches.....5' 10½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Brown

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Robert Rand, Bronx, N.Y.

J. H. McEnaney, Canton, Mass.

Andrew Smith, Holyoke, Mass

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name William Leo Whitty
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name William L. Whitty
AS APPEARS ON THE SERVICE ROLL

Date of Birth 7 (DAY) July (MONTH) 1897 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 6 Ames Ave (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE)

Place of Residence at Present Time 26 Mechanic (STREET AND NUMBER), Canton (CITY OR TOWN), Mass (STATE).

Enlisted or Drafted Enlisted

Date and Place of Enlistment May 23, 1917. Boston

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 23, 1917. Boston

Give Government Identification Tag Number 60215

Co., Regt., Ship, or Service, First Assigned to and Date Co. C. 101st Inf.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private, Corporal

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada Tenadoras, Sept 6, '17

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas Sept 21, 1917

Port of Arrival Overseas St Nazaire

Date and Ship Sailed Returning Home Sidney, Apr. 17, 1919

Port Sailed from Returning Home Bordeaux

Date of Arrival from Overseas April 27, 1919

Place of Arrival in United States Hoboken

Important Places Where Stationed Overseas Neufchateau, Toul, Cheman des Dames, Chateau Thierry, St Mihiel, Verdun, Argonne.

Participated in What Battles and Dates of Same

Chateau Thierry - Sept 18-25.
St Mihiel, Sept 12-13
Verdun - Argonne

Wounded or Other Injuries Received in Action, Place and Date

Gassed at Argonne, Oct 23, 1918.

If Confined in Hospital, During What Time and Place Nevers, Oct 23, 1918.
Bordeaux, Base Hosp #114, Ev #20 Jan 20. Broken leg

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service May 16, 1919.

Where Discharged from Service Camp Devens

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Machinist

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....David Whitty (Deceased)

Name of Mother and Place of Residence.....Eliza Whitty, Canton

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....No

Give Number of Policy.....

What Was Your Weight When Entering the Service .....151 lbs.

Your Height in Feet and Inches.....5' 7½"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Patrick Murphy, Charlestown, Mass.

Daniel O'Connor, Dorchester, "

John Hennessey, Charlestown, "

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name James Robbins Wild
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name James Robbins Wild
AS APPEARS ON THE SERVICE ROLL

Date of Birth 3 (DAY) June (MONTH) 1886 (YEAR)

Place of Birth Quincy (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 1783 Wash. (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE)

Place of Residence at Present Time 1783 Wash. (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE).

Enlisted or Drafted Enlisted

Date and Place of Enlistment New York City, July 10, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Camp Sherman, Nov 8, '17

Give Government Identification Tag Number 1973893

Co., Regt., Ship, or Service, First Assigned to and Date Co. A. 319th Field Signal Batt.

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private, Corporal, Sergeant

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Camp Sherman, Ohio

Overseas

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas Yes

American

If so, Date and Ship from the United States or Canada America, May 8, 1918.

Port Sailed From for Overseas Hoboken

Date of Arrival Overseas May 18, 1918

Port of Arrival Overseas Brest

Date and Ship Sailed Returning Home Italia, May 10, 1919

Port Sailed from Returning Home Marseilles

Date of Arrival from Overseas May 29, 1919

Place of Arrival in United States New York

Important Places Where Stationed Overseas Houdelaincourt, La Berte-sous-Jouarre-Toul-Oeches-Dun-sur-Meuse, Bar-sur-Aube

Participated in What Battles and Dates of Same

St Mihiel drive Argonne

Wounded or Other Injuries Received in Action, Place and Date

If Confined in Hospital, During What Time and Place

If Prisoner by Enemy, Date and Place of Capture

Places Confined

Date and Place Released

Give Record of Service in Army or Navy before the German War if Any

When Discharged from Service June 6, 1919

Where Discharged from Service New York City

For What Reason Discharged from Service Demobilization

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Accounting

Married or Single .....Single

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence.....James R. Wild (Deceased)

Name of Mother and Place of Residence.....Jeannie " Canton

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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Have You a War Risk Insurance Policy.....Yes

Give Number of Policy.....

What Was Your Weight When Entering the Service .....180 lbs.

Your Height in Feet and Inches.....5' 11"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Gray-brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Thornton W. Merriam, Skowhegan, Me

Geo. W. Grice 310 W. 14th St New York, N.Y.

Frank Schieffer Youngstown, Ohio.

Have You a Photograph of Self, in Service Uniform, to Give Town ..... No

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Edward Alden Williams
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Edward A. Williams
AS APPEARS ON THE SERVICE ROLL

Date of Birth 24 (DAY) June (MONTH) 1893 (YEAR)

Place of Birth Canton (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 18 Oldham, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 16 Endicott, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston Navy Yard May 10, 1918.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty May 28, 1918. Hingham

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date Hingham Naval Sta.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Wakefield Rifle Range June 1918. Bumpkins Do. July 1918. Lockwoods Basin, E. Boston, Aug 1918.

Rank While in Service Shipfitter 2nd Class

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Boston, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Feb 11, 1919.....

Where Discharged from Service .....Boston.....

For What Reason Discharged from Service....Dependencies.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Steam fitter.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives).....Margaret C. Daly

Date and Place of Marriage to Wife (or Wives).....Aug. 17, '18 Canton

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

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Names, Ages and Places of Birth of All Children, if any .....

John A. Jan 6, 1919.

.....

Name of Father and Place of Residence.....John A. Williams, Canton

Name of Mother and Place of Residence.....Lillian M. " "

Are You Without the Foregoing Relatives in This Country .....No.

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

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Have You a War Risk Insurance Policy.....No.

Give Number of Policy.....

What Was Your Weight When Entering the Service .....145 lbs.

Your Height in Feet and Inches.....5' 10"

Your Complexion—White or Colored .....White

Color of Your Eyes.....Blue

Color of Your Hair .....Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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Have You a Photograph of Self, in Service Uniform, to Give Town .....no.....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Lester Seymour Wilson
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Lester Seymour Wilson
AS APPEARS ON THE SERVICE ROLL

Date of Birth 21 March 1891
DAY MONTH YEAR

Place of Birth Waterville, Nova Scotia
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Randolph, Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time 505 Essex, Lynn, Mass
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston Aug 6, 1917.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Aug 6, '17 Boston

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date H.M.C.S. Niobe Mess 15.

Other Regiments, Ships or Branches of Services, Transferred to and Dates
Atlantic Overseas Div.

Rank While in Service Torpedo Gunner

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Halifax, N.S.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

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When Discharged from Service.....Jan. 4, 1919.....

Where Discharged from Service .....Halifax.....

For What Reason Discharged from Service...Demobilization.....

If Given Medal of Honor, Give Action and Date .....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service N. E. Tel & Tel. Lineman

Married or Single Married

If Ever Married, Maiden Name of Wife (or Wives) Marie Martin

Date and Place of Marriage to Wife (or Wives) July 1, 1916. Hyannis

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted .....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

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Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Elijah Wilson, (Deceased)

Name of Mother and Place of Residence Martha " Waterville, N. S.

Are You Without the Foregoing Relatives in This Country Yes

If So, Have You a Brother or Sister Here Yes

And if so, Give Full Name and Address of Either or Both .....

Ray Wilson, 7 Millet, Brockton, Mass.

.....

Have You a War Risk Insurance Policy No.

Give Number of Policy .....

What Was Your Weight When Entering the Service 145 lbs.

Your Height in Feet and Inches 5' 11"

Your Complexion—White or Colored White

Color of Your Eyes Blue

Color of Your Hair Brown

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Harold Lincoln Winslow
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Harold L. Winslow
AS APPEARS ON THE SERVICE ROLL

Date of Birth 25 (DAY) April (MONTH) 1893 (YEAR)

Place of Birth Quincy (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service Wash. (STREET AND NUMBER) Canton (CITY OR TOWN), Mass (STATE)

Place of Residence at Present Time Rockland (STREET AND NUMBER) Canton (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Atlantic, June 2. Norfolk, Sept 7.

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 1st. Virginia, Sept 1914. Choctow, Oct 7, 1918.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Nevada, Mar. 16. Mexican, May 21, 1919.

Rank While in Service Boatswain Mate 2/c. Ensign. Lieut

If Commissioned Officer Give Date of Commission Ens. Sept 7, '18. Lieut. Jan 21, '19

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Transport service

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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.....

If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....New York.....

Where Discharged from Service .....Aug. 12, 1919.....

For What Reason Discharged from Service.....Released from active duty

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Clerical.....

Married or Single .....Single.....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence...Charles H. Winslow, Canton

Name of Mother and Place of Residence...Anne.....".....".....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....T. 741174.....

What Was Your Weight When Entering the Service ..148 lbs.....

Your Height in Feet and Inches.....5' 9"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Blue.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Kenneth Keith, No. Easton, Mass

E. L. Goodhue, Chicago, Ill.

W. D. Lindsay, Westfield, N.Y.

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Leonard Percy Wolfe
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name Leonard P. Wolfe
AS APPEARS ON THE SERVICE ROLL

Date of Birth 6 (DAY) July (MONTH) 1897 (YEAR)

Place of Birth Canton, (CITY OR TOWN) Mass (STATE OR COUNTRY)

Place of Residence When Entering the Service 44 Walnut, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Place of Residence at Present Time 44 Walnut, (STREET AND NUMBER) Canton, (CITY OR TOWN) Mass (STATE)

Enlisted or Drafted Enlisted

Date and Place of Enlistment Boston, Oct 26, '17

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty Oct 30, '17. Bumpkins Is.

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date U. S. N. R. F. Bumpkins Is. Oct 30, 1917.

Other Regiments, Ships or Branches of Services, Transferred to and Dates Pelham Bay, Officers School, "Sabine" Communication Office, Hoboken, N. J.

Rank While in Service Ensign

If Commissioned Officer Give Date of Commission April 20, 1918

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Bumpkins Is. Boston. "Sabine", Pelham Bay. Hoboken N. J.

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

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.....

Participated in What Battles and Dates of Same.....

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Wounded or Other Injuries Received in Action, Place and Date .....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service....Dec. 18, 1918.....

Where Discharged from Service ..3rd Naval Dist. N.Y. City.....

For What Reason Discharged from Service...By request.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....Student.....

Married or Single .....Married.....

If Ever Married, Maiden Name of Wife (or Wives) Priscilla Alden

Date and Place of Marriage to Wife (or Wives) Weymouth, Dec 24, 1919.

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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.....

Name of Father and Place of Residence Oliver P. Wolfe, Canton

Name of Mother and Place of Residence Nellie B. " "

Are You Without the Foregoing Relatives in This Country .....No.....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

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.....

Have You a War Risk Insurance Policy.....Yes.....

Give Number of Policy.....1.561.990.....

What Was Your Weight When Entering the Service .....138 lbs.....

Your Height in Feet and Inches.....5' 6"

Your Complexion—White or Colored .....White.....

Color of Your Eyes.....Brown.....

Color of Your Hair .....Brown.....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

Milton Anderson, Mt Vernon, N.Y.

Francis Kneeland, Newton, Mass

Halsey Brewster, Newark, N.J.

Have You a Photograph of Self, in Service Uniform, to Give Town ....Yes....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name David Wood
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Cannot locate him
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty April 15, 1917

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date "Salem"

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Carpenters Mate 3/c

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service
Commonwealth Pier, Boston, Mass

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

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If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

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.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

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If Confined in Hospital, During What Time and Place .....

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If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

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Name of Father and Place of Residence Peter Wood, Manchester, N. H.

Name of Mother and Place of Residence Mrs. " " " "

Are You Without the Foregoing Relatives in This Country No

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

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.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

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REMARKS.

(Please give here any matter of interest relating to Your Service.)

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In Canton but a short time

GERMAN WAR SERVICE RECORD
of Canton, Mass.

Name Battista Ganazzo
COMPLETE NAME. NO INITIALS. PLEASE WRITE PLAINLY

Name
AS APPEARS ON THE SERVICE ROLL

Date of Birth
DAY MONTH YEAR

Place of Birth
CITY OR TOWN STATE OR COUNTRY

Place of Residence When Entering the Service Neponset St., Canton, Mass
STREET AND NUMBER CITY OR TOWN STATE

Place of Residence at Present Time Via Catulo #6 Gattiniara, Italia
STREET AND NUMBER CITY OR TOWN STATE

Enlisted or Drafted

Date and Place of Enlistment

Date and Place Where Drafted

Date and Place Where Mustered In or Reported for Duty

Give Government Identification Tag Number

Co., Regt., Ship, or Service, First Assigned to and Date 41 Reg't Fanteria, 1 Compagnia, 1 Legione Pistola

Other Regiments, Ships or Branches of Services, Transferred to and Dates

Rank While in Service Private

If Commissioned Officer Give Date of Commission

If Appointed Officer Give Date of Every Appointment

If Not Overseas, Where Stationed While in Service Mitragliatrici Prov Cuneo Italia

Any Service in American Expeditionary Force or Canadian or Allied Force Overseas .....

.....

If so, Date and Ship from the United States or Canada .....

Port Sailed From for Overseas .....

Date of Arrival Overseas .....

Port of Arrival Overseas.....

Date and Ship Sailed Returning Home.....

Port Sailed from Returning Home.....

Date of Arrival from Overseas.....

Place of Arrival in United States .....

Important Places Where Stationed Overseas.....

.....

.....

Participated in What Battles and Dates of Same.....

.....

.....

.....

Wounded or Other Injuries Received in Action, Place and Date .....

.....

.....

If Confined in Hospital, During What Time and Place .....

.....

If Prisoner by Enemy, Date and Place of Capture.....

Places Confined .....

Date and Place Released .....

Give Record of Service in Army or Navy before the German War, if Any .....

.....

When Discharged from Service.....

Where Discharged from Service .....

For What Reason Discharged from Service.....

If Given Medal of Honor, Give Action and Date.....

If Given Citation or Certificate of Merit, Give Service and Date .....

Other Medals and Foreign Decorations .....

Kind of Occupation Before War Service.....

Married or Single .....

If Ever Married, Maiden Name of Wife (or Wives).....

Date and Place of Marriage to Wife (or Wives).....

Date and Place of Death of Wife (or Wives) .....

If Any Divorce, Date and Place Where Granted.....

If Married was Your Wife Ever Married Before Married to You .....

If So, Name of Former Husband, and Date and Place of His Death or Divorce .....

.....

.....

Names, Ages and Places of Birth of All Children, if any .....

.....

.....

Name of Father and Place of Residence.....

Name of Mother and Place of Residence.....

Are You Without the Foregoing Relatives in This Country .....

If So, Have You a Brother or Sister Here.....

And if so, Give Full Name and Address of Either or Both .....

.....

.....

Have You a War Risk Insurance Policy.....

Give Number of Policy.....

What Was Your Weight When Entering the Service .....

Your Height in Feet and Inches.....

Your Complexion—White or Colored .....

Color of Your Eyes.....

Color of Your Hair .....

Give Names and Addresses of Two or Three of Your Most Intimate Comrades .....

.....

.....

.....

Have You a Photograph of Self, in Service Uniform, to Give Town .....

If Foregoing Record is of One Deceased, Give Date of Death .....

Give Place of Death and Place of Burial.....

Give Burial Lot Number.....

Any Monument or Headstone Marked to Deceased Where Buried .....

Any Memorial for Deceased in Other Cemetery Than Where Buried .....

If Grave is Unmarked Will Permission be Given to Set a Government Headstone.....

Name and Address of Person Filling Out This Record of Deceased.....

.....

REMARKS.

(Please give here any matter of interest relating to Your Service.)

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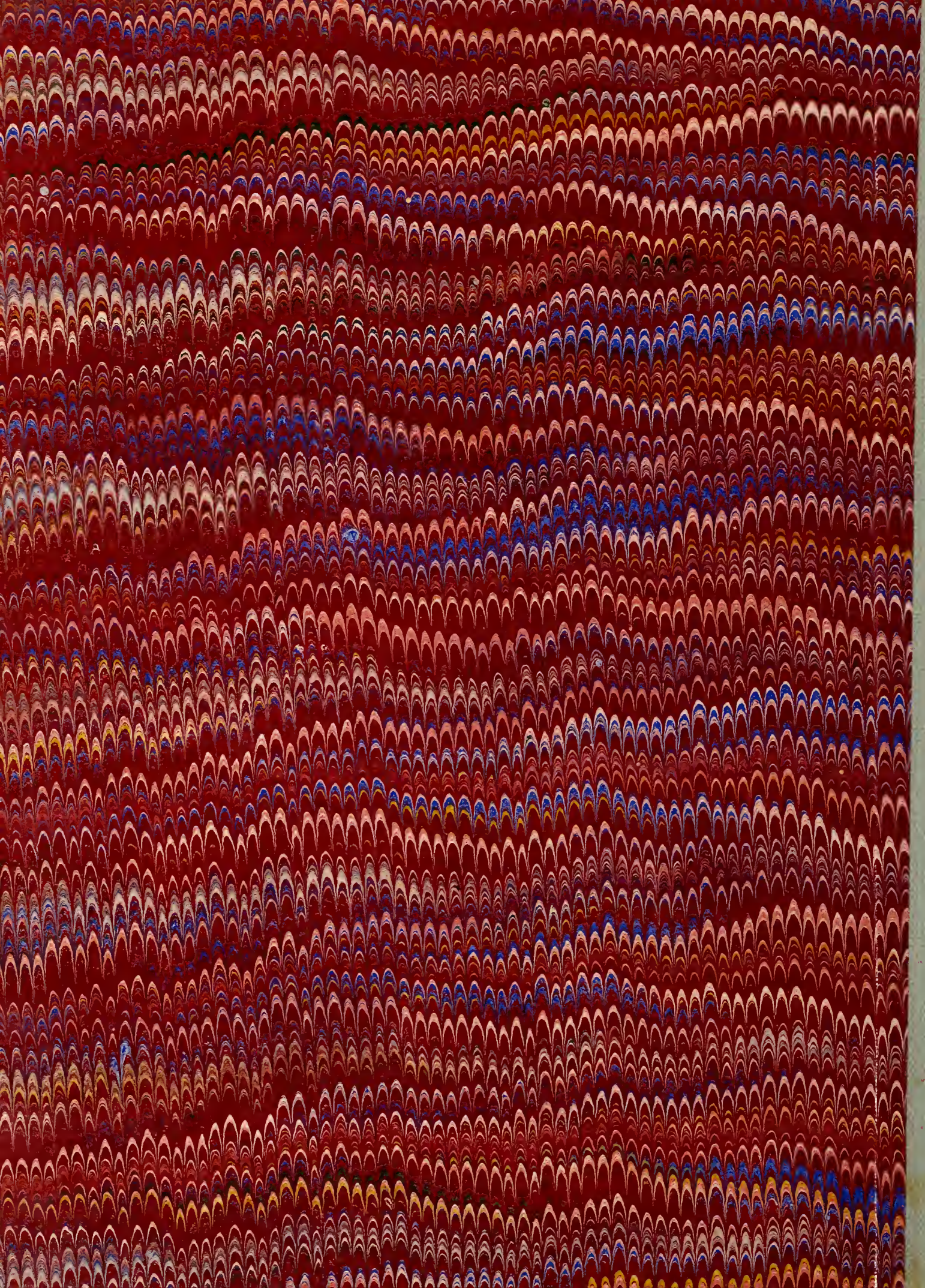

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